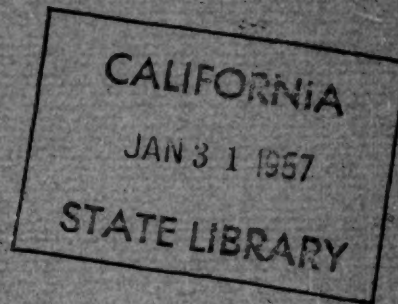


*National Society for Crippled Children
and Adults
Bulletin on Current Literature*

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Rehabilitation Literature



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The monthly issues of this abstracting bulletin serve as a supplement to the reference book, Rehabilitation Literature, 1950-1955, compiled by Graham and Mullen, and published in 1956 by McGraw-Hill, New York.

ACCIDENTS--STATISTICS

1. Smid, Arthur C. (Mayo Foundation, Rochester, Minn.)

Accidents of children; a study of accidents of injured children seen at the Mayo Clinic in 1954, by Arthur C. Smid and George B. Logan. Minn. Med. June, 1956. 39:6:392-399. Reprint.

A report of a study undertaken to determine the types and causes of acute accidents to children in a small urban and rural community. The study was limited to children less than 15 years of age; accidents were of 4 types--home, public, motor vehicle, and occupational (or school), the largest percentage of all accidents being those in the home area. Of the 1,332 infants and children in this series 53 were permanently disabled because of accidents, or 1 out of every 25 accidents. The fatality rate was one for each 190 accidents. This study adds to the evidence that better and more coordinated accident prevention programs are necessary to solve one of the major problems in the care of children.

AMPUTATION--MEDICAL TREATMENT

2. Artificial Limbs. Spring, 1956. 3:1.

Entire issue devoted to the subject.

Contents: Lesson in lesions, C. Leslie Mitchell. -Skin health and stump hygiene, Gilbert H. Barnes. -The skin problems of the lower-extremity amputee, S. William Levy. -Technical notes from the Artificial Limb Program. -Digest of major activities of the Artificial Limb Program.

See also 42.

APHASIA--NURSING CARE

3. If you ask me; How do you establish communication with patients who are aphasic? Am. J. Nursing. Nov., 1956. 56:11:1415.

Replies to the question are given by an assistant instructor of medical nursing, an administrative director of a hospital, and two supervisors of rehabilitation nursing. Suggestions are made for ways of learning the aphasic patient's needs and aiding the patient to regain speech.

ARTHRITIS

4. Goldring, David (500 S. Kingshighway Blvd., St. Louis 10, Mo.)

Rheumatoid arthritis in children, by David Goldring, M. Remsen Behrer, and Florence McQuater. Am. J. Nursing. Nov., 1956. 56:11:1437-1439.

The symptoms and effects of rheumatoid arthritis on children are described; the experience of the authors with 8 children afflicted with the disease illustrates its chronic nature. All were patients at St. Louis Children's Hospital. Treatment and nursing care are discussed, as well as ways in which the nurse can make hospitalization less irksome for the child.

ARTHRITIS--BIOGRAPHY

See 143.

ARTHRITIS--MEDICAL TREATMENT

5. Wise, Charles S. (901 23rd St., N.W., Washington 7, D.C.)
Physical medicine in rheumatoid arthritis. Bul. Rheumatic Diseases.
Nov., 1956. 7:3:119-120.

Daily joint exercises, the use of heat, adequate rest periods, and proper support for weight-bearing joints together with strengthening exercises when the activity of the disease permits are physical medicine measures employed to return the arthritic patient to his maximum functional capacity. Since the course of the disease extends over a period of years, emphasis is on those procedures which can be carried out in the home. The objectives of various procedures are explained.

ASTHMA

6. Harris, M. Coleman (Dr. Shure, 6360 Wilshire Blvd., Los Angeles 48, Calif.)
A study of behavior patterns in asthmatic children, by M. Coleman Harris and Norman Shure. J. Allergy. July, 1956. 27:4:312-323. Reprint.

Because of a diversity of interpretation of identical psychological material in previous reports on the psychogenic factors in bronchial asthma, the authors made a study of the incidence of asthma and concomitant behavior problems in a large group of school children. Of 1,263 school children between the ages of 6 and 12 and from a high socioeconomic level, 25 had asthma. Of this group 21 had associated allergic manifestations, 19 had hay fever, 2 had atopic eczema, and 1 had allergic conjunctivitis. From an unbiased record of each child's emotional behavior pattern supplied by the teacher and contrasted with a control group of nonasthmatic children, the conclusions drawn were: 1) no specific discernible pattern appeared in either group; 2) emotional problems were suggested in both groups; 3) no evidence of heightened or intensified symptoms of disturbed behavior in the asthmatic group as compared with the nonasthmatic. The authors believe that emotional factors are often an integral, though not necessary part of asthma, and when present, may be the result of the asthma or may act as nonspecific factors to precipitate or aggravate an isolated attack in the asthmatic person.

AUDIOMETRIC TESTS

7. Rosen, Jack (11206 Euclid Ave., Cleveland 6, Ohio)
The place of GSR audiometry in work with young children. Volta Rev.
Nov., 1956. 58:9:387-391.

In same issue: Potentialities of auditory perception for various levels of hearing loss, Paul J. LaBenz, p. 397-402.

In the evaluation of children who cannot respond adequately to either standard or play audiometry, an objective measurement of hearing is necessary. Described here is the Galvanic Skin Response test, only one in a series of tests used to evaluate hearing. Its relationship to standard pure tone audiometry is considered and the complications of its administration explained. The conditioning procedure, test situation, and interpretation of findings are described. It is not recommended as the method of choice for routine testing; its place is in the hearing clinic handling a heavy case load of preschool children requiring special diagnostic procedures.

AUDIOMETRIC TESTS (continued)

Dr. La Benz explains that a precise statement of the over-all potential for auditory perception under all conditions of hearing impairment is not yet possible but he does offer certain facts and clinical observations, suggesting lines along which estimates can be made as to potentialities for auditory perception. Data presented suggest the importance to perception of the frequency and intensity relationships of speech and the hearing mechanism. Factors for perception exist, in addition to these, which make for great differences in perceptual ability. For the best determination, actual measurement of perception is necessary after every possible benefit from amplification and education has been derived.

AUDIO-VISUAL AIDS--DIRECTORIES

8. U. S. Office of Education

A directory of 3,300 16mm film libraries, by Seerley Reid, Anita Carpenter and Annie Rose Daugherty. Washington, D. C., Gov't. Print. Off., 1956. 198 p. (Bul. 1956, no. 12)

A revision and expansion of a similar bulletin published by the Office of Education in 1953, it lists companies, institutions, and organizations which make available motion pictures on a loan or rental basis. No evaluation of films has been made. Libraries are listed by cities under each state, in alphabetical order. The annotations contain name and address of library, number of film titles in each, general nature of the films, and special restrictions, if any, on their distribution and use.

Available from Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C., at 70¢ a copy.

BLIND--LEGISLATION

9. Gruber, Kathern F. (Am. Found. for the Blind, 15 W. 16th St., New York 11, N. Y.)

H.R. 3136 and the education of all blind children; The small school program: prepared statements by... presented before the House of Representatives' Committee on Education and Labor, July 10, 1956. Exceptional Children. Nov., 1956. 23:2:84-88.

In these statements presented by the assistant director of the American Foundation for the Blind, provisions of the original Act, passed in 1879, and changes in educational programs for the blind since that time which necessitate revision of the Act are discussed. Changes recommended concern the apportioning of Federal funds among existing programs. The second statement offers a suggestion for apportioning funds in a more equitable manner so that the small program will be provided for adequately. The role of the American Printing House for the Blind in the provision of items available to the blind child through the federal quota program is considered.

Information on the complete hearing is contained in a government report "Hearing before a special subcommittee of the Committee on Education and Labor, House of Representatives, 84th Congress, 2d session, on H.R. 3136 and H.R. 11754, Bills to amend the Act to promote the education of the blind... July 10, 1956," and "Amending the Act to promote the education of the blind," a report by Mr. Barden (Rep. no. 2771). Both are available from House of Representatives Documents Room, Washington 25, D. C.

BLIND--PROGRAMS

10. Foote, Franklin M. (1790 Broadway, New York 19, N. Y.)
The nationwide fight against blindness. Public Health Rep. Nov., 1956. 71:11:1137-1141.
Describes preventive measures taken to reduce blindness caused by disease and injuries, secondary prevention for chronic eye diseases of middle and later life, and programs of public education on the need for competent eye care. Mass media, local programs, members of medical societies, volunteer workers on a local basis, and state and local departments of health and education can aid in the dissemination of information on sight conservation. Industry can be alerted to the need for safety measures for eye protection. Need for continued research is stressed and the role of the National Society for the Prevention of Blindness in this, as well as in preventive programs, is described.

BLIND--SPECIAL EDUCATION

11. Lowenfeld, Berthold (3001 Derby St., Berkeley, Calif.)
History and development of specialized education for the blind. Exceptional Children. Nov., 1956. 23:2:53-57, 90.
Traces the historical development of special education from the establishment of the first school for the blind in Paris in 1785 through the present-day trend toward integration of blind children with the seeing. The place of the residential school, public school braille class, regular school class with a resource teacher available, the importance of family life and parent cooperation with schools are discussed, as well as legal provisions for providing necessary services and facilities. Placement of the child in residential or public school calls for a decision based on individual needs.

BRACES

See 117.

BRAILLE

See 144.

BRAIN

12. Travis, Ann Marie (Laboratory of Neurophysiology, Dept. of Physiology, Univ. of Wis. Med. School, Madison 6, Wis.)
Motor performance of monkeys after bilateral partial and total cerebral decortications, by Ann Marie Travis and Clinton N. Woolsey. Am. J. Phys. Med. Oct., 1956. 35:5:273-310.
Describes experiments and results of bilateral precentral and supplementary motor area ablations in monkeys, as well as results after additional removal of one or both parietal lobes and after final removal of all neocortex. The writers believe the results have significance and add to the understanding of the functional capacities of the subcortical level of the primate nervous system and, possibly, to the care of brain injured adults and children with infantile cerebral palsy. It was demonstrated that considerable motor capacity still exists in the complete absence of all frontal and parietal motor fields and that, even after total removal of the neocortex of both hemispheres, righting, sitting, standing, and walking may still be possible. 57 references. Illustrated.

BRAIN (continued)

This study, supported in part by a grant from the Natl. Institute of Neurological Diseases and Blindness, was presented as a motion picture demonstration at the International Physiological Congress, 1953, at the American Academy of Neurology, 1954, and as part of the scientific program of the annual meeting of the American Academy for Cerebral Palsy, 1954. Portions of the material were submitted by Dr. Travis in partial fulfillment of requirements for the Ph. D. and M. D. degrees.

See also 87.

BRAIN INJURIES

13. Goldstein, Hyman (317 E. 17th St., New York 3, N. Y.)

Encephalopathies in exceptional children. Arch. Pediatrics. June, 1956. 73:6:199-215. Reprint.

Describes the anatomy of the normal brain, the first functions of an infant's brain in comparison to the brain of laboratory animals, and explains abnormal functions of the brain and causes of their occurrence in man. Research in etiology, pathology, and therapy of encephalopathies is reviewed.

BRAIN INJURIES--PSYCHOLOGICAL TESTS

14. Rosvold, H. Enger (Natl. Institute of Mental Health, Bethesda, Md.)

A continuous performance test of brain damage, by H. Enger Rosvold (and others). J. Consulting Psych. Oct., 1956. 20:5:343-350. Reprint.

Describes the results of an investigation using a new instrument, the Continuous Performance Test, which is based on certain electroencephalographic evidence suggesting that brain-damaged individuals should show inferior ability on tasks requiring sustained attention or alertness when compared with the performance of non-brain-damaged persons. The test revealed the brain-damaged significantly inferior to non-brain-damaged controls, and the differences increased with increased difficulty of the tasks. The authors suggest that the test is sufficiently sensitive to the effects of brain damage so that it might prove clinically useful. Further research is necessary for standardization on a variety of diagnostic groups.

See also 108; 111.

CANCER

See 98; 113.

CEREBRAL PALSY

15. Abbott, Marguerite

L'infirmite motrice cerebrale; pronostic et traitement. New York, Public Affairs Committee, 1956. 33 p. (Brochure "Public Affairs" no. 158A)

French translation of: Cerebral palsy; its scope and management, by Marguerite Abbott. (Public Affairs pamphl. no. 158A). 25¢.

Another of the pamphlets, in foreign translations, published and distributed by the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y., through the aid of the Gustavus and Louise Pfeiffer Research Foundation. The original edition of the pamphlet was annotated in Rehabilitation Literature, May, 1956, #493.

CEREBRAL PALSY (continued)

16. Citrinovitz, Jaime (Avelino Diaz 851, Buenos Aires, Argentina)

Consideraciones sobre el tratamiento integral de la parálisis cerebral infantil. La Prensa Medica Argentina. May 11, 1956. 43:19:1547-1550. Reprint.

The co-director of the Rehabilitation Center for Cerebral Palsied Children at Rawson Hospital in Buenos Aires discusses the over-all treatment of the cerebral palsied child, in its various aspects. Article is in Spanish. The various forms of cerebral palsy are defined, and the general goals and characteristics of treatment, the necessity for early and continued treatment, and the importance of parent-cooperation are stressed.

See also 39; 40; 41; 86.

CEREBRAL PALSY--FRANCE

17. Association des Infirmes Moteurs Cerebraux, Paris (28, Place St.-Georges, Paris 9e, France)

L'enfant infirme moteur cerebral dans sa famille. Paris, The Assn. (1955?). 14 p. illus.

A pamphlet published for distribution to parents of the cerebral palsied child, describing briefly some facts about cerebral palsy, dispelling false ideas of the nature of the condition and the abilities of the child, and stressing what parents can do in the care and training of the child. Also tells briefly the objectives of the organization and its work. Written in French.

CEREBRAL PALSY--DIAGNOSIS

18. Minear, W. L. (Truth or Consequences, N. Mex.)

A classification of cerebral palsy. Pediatrics. Nov., 1956. 18:5: 841-852.

Presents a complete classification for cerebral palsy based upon the majority opinion from questionnaires sent to members of the American Academy for Cerebral Palsy during 1953. The majority voted to exclude progressive neurological diseases and neoplastic diseases of the brain from the classification of cerebral palsy. First choice was for a motor classification listing each type of cerebral palsy separately. The reasons for their choice and for the rejection of certain points are discussed.

CEREBRAL PALSY--EQUIPMENT

19. Collis, Eirene (Queen Mary's Hospital for Children, Carshalton, England)

Walking-aids, by Eirene Collis and William Dunham. Lancet. Oct. 27, 1956. 271:6948:891.

Letter to the Editor

A letter taking exception to the statement by Neil A. Hendry in an article appearing in the Oct. 20, 1956, issue of Lancet as to the value of walking-aids in short-term rehabilitation and with cerebral palsied children. It is the latter part of the statement which the writers here dispute. They believe that the unsupervised use of a walking-aid by a cerebral palsied child is to be condemned as it involves the risk of establishing abnormal posture and movement. (See #142)

CEREBRAL PALSY--ETIOLOGY

20. Perlstein, Meyer A. (4743 N. Drake Ave., Chicago 25, Ill.)

Prenatal dental enamel dysplasia, with special reference to its occurrence in kernicterus; by Meyer A. Perlstein and Maury Massler. Am. J. Phys. Med. Oct., 1956. 35:5:324-325.

It has been found possible, by tooth ring analysis, to date enamel dysplasia with reasonable accuracy from about 4 1/2 months intrauterine to the time of birth. Enamel for permanent teeth is laid down after birth; thus defects in enamel of permanent teeth may be used for dating an injury postnatally. This study reports on a series of 250 cerebral palsied children in whom the incidence of dental enamel dysplasia was found to be 24 per cent; approximately one-half was neonatal (due to injury at birth), the other half was of prenatal origin, a condition rarely seen in normal children. In children with kernicterus due to the Rh factor, incidence of prenatal dental dysplasia was 58 per cent. The most common lesion in the enamel in this group corresponded generally to the time between 4 1/2 to 7 months intrauterine. The only other cerebral palsied children exhibiting a high incidence of prenatal dental dysplasia were a group of spastic paraplegics associated with prematurity. Dysplasia in these cases represented a premature neonatal line. Certain hypotheses concerning the pathogenesis of kernicterus and possibly causation of brain damage are advanced. It is suggested that both prenatal and postnatal damage must occur, in order for a typical bilirubin encephalopathy to occur. Exchange transfusions would prevent the syndrome in most instances; jaundice alone, in the absence of other damage, is not likely to cause damage to the brain.

CEREBRAL PALSY--MEDICAL TREATMENT

See 44.

CEREBRAL PALSY--MENTAL HYGIENE

21. Sullivan, Joseph D. (530 E. 20th St., New York, N. Y.)

Psychiatric problems in young adult cerebral palsied patients. Diseases Nerv. System. Aug., 1956. 17:8:243-248. Reprint.

Personality disturbances frequently shown by cerebral palsied patients are often of a paranoid nature but the writer believes they should not be taken as seriously by the physician as in other circumstances with the non-palsied. Such disturbances may take the form of social withdrawal, fantasy, bizarre goal formation, excessive hostility or attraction toward other individuals, or illogical demands for independence. Several case histories are presented and the general psychological syndrome is discussed.

CEREBRAL PALSY--SPECIAL EDUCATION--CALIFORNIA

22. California. Department of Education. Division of Special Schools and Services (Sacramento 14, Calif.)

School for Cerebral Palsied Children... San Francisco (and) Altadena, California. San Francisco, The Division (1956). 6 p. Mimeo.

In this brochure describing the two state residential schools for cerebral palsied children in California, the legislative background of the program, sections of the Education Code authorizing establishment of the schools, and administrative aspects of the program are discussed. The schools are designated as School for Cerebral Palsied Children, Northern California, and Southern California.

CHILD GUIDANCE

23. Birch, Jack W.

Solving problems of problem children, by Jack W. Birch and Edward H. Stullken. Bloomington, Ill., Public School Publ. Co., c1956. 44 p. (Teaching exceptional children in every classroom ser.)

Because special educational services are available for maladjusted and disturbed children in only a few schools, the majority of such children are enrolled in regular classrooms where teachers must find ways of coping with the problems they present. Suggestions offered in this booklet are intended as a guide, to aid teachers in identifying children who need help and in providing therapeutic teaching to meet their needs. Personal qualifications of especially successful teachers are defined and recommendations are made on courses of training beneficial to the teacher dealing with problem children. Behavior deviations appearing during the primary, intermediate, junior high and senior high years are discussed.

Available from Public School Publ. Co., Bloomington, Ill.

CHILD HEALTH

See 102; 145.

CHILDREN--GROWTH AND DEVELOPMENT

24. Knobloch, Hilda

A developmental questionnaire for infants forty weeks of age; an evaluation, by Hilda Knobloch and Benjamin Pasamanick. Lafayette, Ind., Child Development Publ., 1956. 112 p. illus., tabs. (Monographs of the Soc. for Research in Child Development. 1955. v. 20, Ser. no. 61, no. 2)

A report of an investigation to determine the value of a questionnaire, based on the Gesell Developmental Schedules, as a screening device for infants whose behavioral development was abnormal. This particular investigation was one part of a long-term multiphasic Study of Prematures conducted at Johns Hopkins University School of Public Health in 1952 and 1953. The infants, subjects in a premature-full-term comparison study, were given a Gesell Developmental Examination by a physician; the questionnaire was completed by a public health nurse in an interview with the mother. Effectiveness of the questionnaire as a screening device was judged by comparing the physician's diagnosis with the nurse's report. Comparisons of reports on 901 infants revealed the questionnaire fell short of the goal of referring for evaluation all cases which the examination called abnormal and none of those diagnosed as normal. Approximately 25 per cent of the abnormal cases are missed by the nurse's questionnaire. The basic design of the study, statistical data on the subjects of the study, methods of the investigation, and a detailed discussion of the findings are covered, as well as discussions, in the appendixes, of the development of the questionnaire and its scoring. A manual for nurses assigned to the investigation discusses in some detail the developmental schedules for the Premature Infant Study and a description of the Gesell Developmental Examination is included. Recommendations are made for improving screening procedures.

Available from Child Development Publications, Purdue University, Lafayette, Ind., at \$2.50 a copy.

See also 49; 102.

CHILDREN'S HOSPITALS

25. Reingold, Jacob (Blythedale, Valhalla, N. Y.)

Parents' participation while their child is in care, by Jacob Reingold and Beatrice P. Hartley. Child Welfare. Nov., 1956. 35:9:8-13.

Reports on the program at Blythedale, a residential center for orthopedically handicapped children, which delegates to the social service department the responsibility of helping the child and his parents face the need for care away from home. Support is offered to parents while the child is institutionalized; home visits are also planned for the child. Skillful work on the part of personnel from several departments--the medical, psychiatric, nursing, group work and therapy--in addition to the social service department, results in sound agency policy. Case histories illustrate the plan in operation.

CHRONIC DISEASE--SURVEYS

26. Rusk, Howard A.

Hospital patient survey; an evaluation of the basic characteristics, medical findings, and potential disposition of the patients in the New York Municipal Hospital System, with special reference to the problems of chronic disease and custodial care, by Howard A. Rusk (and others). New York, Goldwater Memorial Hospital, 1956. 146 p. tabs. Planographed. Spiral binding.

In this study financed by a grant from the New York Foundation, factual data on the prevalence of chronic disease and custodial care in the municipal hospitals of New York City are presented, with much supplementary data on the social backgrounds of patients surveyed. Methods of the study are described in some detail and other chapters cover basic patient data, diagnosis, disabilities and other characteristics, prognosis, selected characteristics of special disability groups, patients no longer requiring hospital care, and aspects of rehabilitation.

This report highlights the complex problems associated with the care of long-term illness and chronic disease patients, with their implications for medical and welfare personnel.

Available from Hospital Patient Survey, Goldwater Memorial Hospital, Welfare Island, New York 17, N. Y.

CLEFT PALATE

27. American Association for Cleft Palate Rehabilitation

(Abstracts of papers presented at the annual meeting of the... May, 1956.)

Bul., Am. Assn. for Cleft Palate Rehab. Oct., 1956. 6:4:3-10.

Contents: Dysostosis sphenoidalis as a characteristic of cleft palate malformation, Melvin L. Moss. -Interpretation of function of the pharyngeal flap during speech, Herbert Conway. -Non-obstructing prosthetic speech aid during growth and orthodontic treatment, T. S. Malson. -Congenital malformations of the face, Frederick J. McCoy. -An evaluation of the social adjustment of a group of cleft palate children, Ruth Ann Sidney and Jack Matthews.

Dr. Moss reports on an analysis of significant alterations of the skull base; emphasis is placed on coexistent malformations of the skull base and of the neural skull. Cleft palate deformity is demonstrated as but one of a continuous series of cephalic malformations. Dr. Conway describes an operative technique used at New York Hospital-Cornell Medical Center for meeting the problem of incomplete velo-pharyngeal closure which adversely effects the

CLEFT PALATE (continued)

speech of such patients. Dr. Malson's article gives a detailed description of a sliding hinge type obturator used as a speech aid by cleft palate patients. Construction and fitting of the device are discussed. Dr. McCoy describes the pathogenesis of malformations seen in cleft palate cases. The conclusions of the study by Dr. Sydney and Dr. Matthews were that results did not support the assumption that social adjustment of cleft palate children is markedly inferior to that of other children. Whatever differences do occur in social adjustment are not consistent.

28. Lifton, Jacob C. (Suite 802, 57 W. 57th St., New York, N. Y.)
Methods of feeding infants with cleft palates. J. Am. Dental Assn. July, 1956. 53:1:22-31. Reprint.

Describes feeding devices used for infants with cleft palate and the deformities which make such devices a necessity for maintaining adequate nutrition. Seven case histories illustrate types of defects involving the hard or soft palate or both, single or double division of the alveolar process, and extension of the hard palate through the soft palate. The author describes his experience in prescribing obturators as nursing aids; aids of this type stimulate a good physiologic sucking reflex.

29. Lis, Edward F. (840 S. Wood St., Chicago 12, Ill.)
Cleft lip and cleft palate; perspectives in management, by Edward F. Lis (and others). Pediatric Clinics N. Am. Nov., 1956. 3:4:995-1028. Reprint.

Members of the staff of the Cleft Palate Center and Training Program, University of Illinois Professional Colleges, Chicago, discuss here the purposes of a cleft palate clinic, the incidence of cleft defects and changing trends in management, the anatomy of cleft lip and palate, the analysis of variations between different kinds of clefts and within a single kind, the pathophysiology of cleft palate, the growth factor and its relation to optimum time for surgical repair. This article thoroughly covers, as well, various aspects of treatment, associated facial defects, the speech defects, and the emotional health of the cleft palate child and his parents.

CLEFT PALATE--ETIOLOGY

30. Lutz, Kenneth R. (Coll. of Med. Evangelists, Loma Linda, Calif.)
Duration of pregnancy for cleft palate children, by Kenneth R. Lutz and C. E. Francis. Am. J. Obstet. & Gynec. July, 1956. 72:1:66-69. Reprint.

Earlier reports of others revealed a higher incidence of premature births among cleft palate children and pregnancies of shorter duration in a large number of severely deformed children. The present study was made to determine whether or not the length of the period of pregnancies resulting in cleft palate children is significantly shorter than the length of the period of pregnancies terminating in the birth of normal children. Data were compiled from case records of the Los Angeles County General Hospital. Findings on 102 patients with cleft palate revealed a mean duration of pregnancy significantly shorter than that resulting in normal children; there was, however, no significant difference in mean duration of pregnancy for cleft palate children of several races.

CLEFT PALATE--MEDICAL TREATMENT

31. Slaughter, Wayne B. (55 E. Washington St., Chicago 2, Ill.)

Cleft lip and cleft palate; surgical considerations, by Wayne B. Slaughter, Samuel Pruzansky, and Harold L. Harris. Pediatric Clinics N. Am. Nov., 1956. 3:4:1029-1047. Reprint.

A discussion of nonsurgical problems associated with a program of complete treatment for cleft lip and cleft palate; it is important for the surgeon to have a thorough understanding of these problems and of the necessity for cooperation with allied specialists in the field. During surgery an unobstructed airway is vital; the problems of blood and fluid replacement are considered. The anesthetic procedure is described. Various aspects of surgical repair of cleft lip and palate are discussed and the necessity for orthodontic follow-up and treatment is emphasized, as well as the fact that surgery poorly executed or poorly timed can do more damage than good. In cases deemed inoperable, prosthetic speech appliances offer an alternative to surgery.

CLOTHING

32. McEvoy, Dorothy M. (Special Education Laboratory School, Illinois State Normal Univ., Normal, Ill.)

Hearing aid garments. Volta Rev. Nov., 1956. 58:9:392, 412.

Because of the dissatisfaction of mothers of deaf children with commercially designed hearing aid garments for children, two senior students at Illinois State Normal University, majoring in the field of deaf and hard of hearing, designed and made several types of garments to serve as models for the mothers. Criteria for the garments took into account functional need and attractiveness. Garments are illustrated and described.

CONVALESCENCE--INSTITUTIONS

33. Solon, Jerry

General hospitals and nursing homes; patterns and relationships in their geographic distribution, by Jerry Solon and Anna Mae Baney. Washington, D.C., U.S. Public Health Service, 1956. 54 p. tabs., graphs. (Public Health monograph no. 44. Public Health Serv. publ. no. 492)

The Hospital Survey and Construction Act of 1946 called for an inventory and appraisal of the need for hospitals in all States and territories. Since 1954 related medical facilities, including nursing homes, have been a part of the program. In view of the interrelationships which should exist between the general hospital and nursing home, a study has been made of current patterns of bed availability in these two types of facilities and their geographic distribution. Bed distribution patterns as they relate to socioeconomic characteristics of geographic areas are examined. Purpose and method of the study, source of study materials, analysis of data, and a summary of findings are included.

This report is summarized by charts and brief text in Public Health Reports, 71:7:646-651, July, 1956.

Available from U. S. Superintendent of Documents, Washington 25, D.C., at 40¢ a copy.

DEAF--DICTIONARIES

34. Jordon, Edward T.

An encyclopedic dictionary of the terms used in hearing therapy work, with appendices. Terre Haute, Ind., Indiana State Teachers College, 1956. 41 p. Mimeo.

In addition to the identification and definition of terms used in hearing therapy work, the alphabetical listing identifies persons whose work is pertinent to the field, books they may have authored, and various types of tests used in therapy. This manual is part of a more extended compilation, prepared for the use of students of special education and hearing therapy. (See also #64)

Available from the author at 1920 S. 7th St., Terre Haute, Ind., at \$1.00 a copy, postpaid.

DEAF--PARENT EDUCATION

35. Montague, Harriet (806 Adams Blvd., Los Angeles 7, Calif.)

Some results of the John Tracy Correspondence Course. Volta Rev. Nov., 1956. 58:9:393-395, 412.

Describes the correspondence course briefly and tells of its wide distribution in this country and abroad. Many quotations from letters received from parents using the course in the education of their deaf children are given. In addition to the excellent results seen in the children, the correspondence course has stimulated the work of parents' organizations not only in the United States but in foreign countries. Its influence on education for the deaf in Norway and Australia are cited as examples of its effectiveness.

DEAF--PSYCHOLOGICAL TESTS

36. Larr, Alfred L. (3180 David St., Riverside, Calif.)

Perceptual and conceptual abilities of residential school children. Exceptional Children. Nov., 1956. 23:2:63-66, 88.

Reports results of a study of two experimental groups of deaf children from the Missouri and California Schools for the Deaf, the purpose of which was to test perceptual and conceptual abilities of orally trained residential deaf students. Tests employed were the Marble Board Tests I and II, Picture Test, Tactual Motor Tests I and II, Color Form Sorting Test, Object Sorting Test, and Picture Object Test. Methods and materials duplicated those employed in an investigation performed at the Rochester School for the Deaf and reported in an unpublished Ph.D. dissertation (Syracuse University, 1952) by B. Elizabeth McKay. Results of the present study revealed deaf children showing maturity within the normal range on a simple test of visual perception and more mature than normal or retarded hearing subjects as demonstrated by their response to the Marble Board II test. It was evident that great individual differences exist among the deaf and probably group differences may be equally great. Several parallel investigations of visual perception in orally trained deaf children indicate their superiority over matched hearing individuals. Recent investigations of non-verbal intelligence show a trend for deaf children to perform more nearly on a par with normal children.

DEAF--PSYCHOLOGICAL TESTS (continued)

37. Shultz, Meyer (Test Development Section, U.S. Civil Serv. Commission, Washington 25, D.C.)

The Civil Service Commission studies ways of testing the deaf, by Meyer Shultz and Eva Russell Stunkel. Silent Worker. Oct., 1956. 9:2:7-8.

Officials of the National Association for the Deaf have had a number of conferences with various governmental agencies to discuss problems and projects concerning the deaf. One of these meetings, with representatives of the U.S. Civil Service Commission, considered, among other items, possible improvements in written examinations for applicants for civil service positions. This article reports progress made in the study of the testing program. It reveals some results of the study as well as a broad understanding of the needs and capabilities of the deaf and a sincere desire to expand their employment possibilities. Recommendations are made for improvement in the preparation for and conduct of examinations for deaf people.

DEAF--SPECIAL EDUCATION

38. Rose, Anna, Sister (St. Joseph Institute for the Deaf, 1483 82nd Blvd., University City 14, Missouri)

They can't help but read. Volta Rev. Nov., 1956. 58:9:381-385.

Attitudes necessary for successful teaching and successful learning are discussed. In the training of deaf children, parents' attitudes are of vital importance. For acquainting parents with these facts, P. T. A. meetings are used for demonstrations of classroom teaching procedures and parents are informed of their role in helping the child to develop reading ability. The writer recommends the use of standardized textbooks, audio-visual aids, dramatization, experience stories, and auditory training in teaching the deaf to read.

This article was the keynote address at the 1956 Summer Meeting of the Alexander Graham Bell Assn. for the Deaf.

DENTAL SERVICE

39. Kauffmann, Joseph H. (27 E. 59th St., New York 28, N. Y.)

Psychological aspects of dentistry for children with cerebral palsy. J. Dentistry for Children. Second Quarter, 1956. 23:2:69-72. Reprint.

Discusses the psychological implications of cerebral palsy, the necessity for the dentist to recognize and deal with the psychological needs of both the child and his parents, and what the dentist can do, over and above dental treatment, to alleviate the handicaps of cerebral palsy.

Reprints available free from Dental Guidance Council for Cerebral Palsy, 47 W. 57th St., New York 19, N. Y.

40. Koster, Seymour (School of Dental and Oral Surgery, Columbia University, New York, N. Y.)

The diagnosis of disorders of occlusion in children with cerebral palsy. J. Dentistry for Children. Second Quarter, 1956. 23:2:81-83. Reprint.

Because the four clinical types of cerebral palsy present varying symptoms, it is necessary for the orthodontist to understand the type of involvement, how the particular type of neuromotor deficiency affects body

DENTAL SERVICE (continued)

function, and the approximate location of the brain lesion. The main factors in orthodiagnosis of cerebral palsied children are discussed. Correction of malocclusion in the cerebral palsied is not just a matter of tooth repositioning but rests as well on attainment of muscular relaxation, voluntary muscular control, and the development of proper movement patterns. Therapy should be applied in conjunction with speech therapy and physical therapy, and calls for team cooperation.

Reprints available free from Dental Guidance Council for Cerebral Palsy, 47 W. 57th St., New York 19, N. Y.

41. Weisman, Eugene J. (30 E. 60th St., New York 22, N. Y.)

Diagnosis and treatment of gingival and periodontal disorders in children with cerebral palsy. J. Dentistry for Children. Second Quarter, 1956. 23:2:73-79. Reprint.

A report of a study to determine the incidence and degrees of severity of gingival disease in cerebral palsied children. Data are compared with those of similar studies in corresponding age groups of normal patients. Subjects were 253 cerebral palsied children from the New York City area and ranged in age from 6 to 18 years. Of this group 79.7 per cent exhibited gingival inflammation; incidence was almost three times that in a control group of normal Massachusetts school children of similar age range. Findings indicate the necessity for preventive and therapeutic periodontal care.

Reprints available without charge from Dental Guidance Council for Cerebral Palsy, 47 W. 57th St., New York 19, N. Y.

See also 20.

DIABETES

42. Oakley, Wilfred (King's College Hospital, London, Eng.)

Aetiology and management of lesions of the feet in diabetes, by Wilfred Oakley, C. F. Catterall, and M. Mencer Martin. Brit. Med. J. Oct. 27, 1956. 4999:953-957.

A report of an investigation concerned with peripheral vascular disease of the lower extremities especially as it relates to lesions of the feet in diabetes, their etiology and treatment. The relationship between diabetes and arterial disease is also considered. Statistics on the incidence of lesions of the feet in patients attending King's College Hospital Diabetic Clinic have been related to sex, age, and duration of diabetes. Emphasized is the importance of neuropathy alone and in association with ischemia as a factor in producing localized ulceration and gangrene. Treatment is described and the value of surgery discussed. A method for protecting the heels of bed patients is described and illustrated.

DRAMATICS

43. Crawford, Mary Aitken

Drama? Yes, of the highest value. Special Schools J. Sept., 1956. 45:3:22-23.

Dramatic productions have been a regular feature of the program at the Trefoil School for Physically Handicapped Children (Scotland) for the past ten years. This article, an account of the methods and materials used in dramatic work with crippled children, shows how adaptations take into account the immobility of those who participate. Details of costuming and staging are discussed.

DRUG THERAPY

44. Day, Frederick G. (531 Tegler Bldg., 10189 101 St., Edmonton, Alta., Canada)

The clinical effects of chlorpromazine in cerebral palsy, by F. G. Day and J. L. Gulley. Canad. Med. Assn. J. July 1, 1956. 75:1:34-36. Reprint.

A report on the use of chlorpromazine in cases of upper motor neurone lesions; 22 patients with cerebral palsy of the athetoid and spastic types were given chlorpromazine and chlorpromazine in combination with mephenesin. The motor age test was determined most appropriate for recording any actual improvement in the individual undergoing therapy. Results showed that one-third of the subjects exhibited sufficient improvement to warrant use of the drug. The addition of mephenesin had no appreciable effect. The writers believe that the drug should be considered for all patients undergoing treatment in a clinic since it is impossible to predict which individuals will respond favorably to its use. The study was conducted at the Edmonton, Canada, Cerebral Palsy Clinic.

45. Esen, Fatma Munire (Wrentham State School, Wrentham, Mass.)

Thorazine in the treatment of mentally retarded children, by Fatma Munire Esen and Dorothy Durling. Arch. Pediatrics. May, 1956. 73: 5:168-173. Reprint.

Reviews previous experiments using chlorpromazine as an adjunct in the treatment of mental and emotional disorders and reports on the treatment of 14 hyperactive boys ranging in age from 8 to 14 years at the Wrentham State School (Massachusetts). Binet intelligence quotients for the experimental group ranged from 41 to 74. These emotionally disturbed, mentally deficient boys were treated for a two months' period. Marked improvement was shown by four while the majority exhibited moderate improvement in schoolwork and general behavior. Hyperactivity, destructiveness and aggressive tendencies were lessened and cooperative behavior became more evident. Average gain in intelligence quotients was 10.1 and was attributed to increased emotional control.

46. Mautner, Hans (Wrentham State School, Wrentham, Mass.)

Combined prostigmin-ephedrine treatment of mentally retarded children. Confinia Neurologica. 1955. 15:6:375-377. Reprint.

A report of the use of prostigmin bromide and ephedrine sulfate in combination in the treatment of 86 mentally retarded patients at the Wrentham State School. Premises upon which this therapy is based and the procedure and results of the study are discussed. Some children showed an increase in intelligence quotient but the writer does not overestimate the significance of these findings. Nurses on the ward reported all the children were more alert, lively and noisy; changes in mongoloids were less marked. A more detailed report of findings will be published at a later date.

EMPLOYMENT (INDUSTRIAL)--PLACEMENT

47. Irvin, E. A. (3000 Schaefer Rd., Dearborn, Mich.)

Industrial placement of the physically handicapped. Arch. Phys. Med. and Rehab. Oct., 1956. 37:10:622-626.

EMPLOYMENT (INDUSTRIAL)--PLACEMENT (continued)

Beginning with a brief explanation of the scope of industrial medicine, the writer then considers the role of the industrial physician in the most effective utilization of manpower within industry. Principles of selective job placement are discussed and a classification scheme for evaluating physical capacity of workers is outlined. Case histories are cited briefly to illustrate how successful selective placement can be when the employee is given work he can perform efficiently and effectively.

See also 37; 152.

ENCEPHALOGRAPHY

48. Charash, Leon I. (525 E. 68th St., New York 21, N.Y.)

An appraisal of pneumoencephalography in mental retardation and epilepsy, by Leon I. Charash and Henry S. Dunning. Pediatrics. Nov., 1956. 18:5:716-720.

Analyzes a series of 151 pneumoencephalograms of children on the Pediatric Service of the New York Hospital from 1938 through 1954; the technique was employed as a diagnostic procedure in mental retardation and idiopathic epilepsy. Results of the analysis and a review of the literature are cited to demonstrate that very little useful information is gained from this procedure in these conditions. The authors recommend the pneumoencephalogram be abandoned as a diagnostic procedure in view of the occurrence of two deaths and nine nonfatal, but serious, complications occurring in the series.

ENDOCRINE DISORDERS

49. Goldstein, Hyman (317 E. 17th St., New York 3, N.Y.)

Sicca-cell therapy in children. Arch. Pediatrics. July, 1956. 73:7:234-249. Reprint.

A preliminary report of results of the use of sicca-cell therapy for 48 mongoloid cases of retardation in children, as well as non-mongoloid children with mental retardation of various types. Sicca-cell therapy is a new therapeutic method of gland, organ, and tissue "dry cell aggregates" intramuscularly injected; though still in the clinical experimental stage, Dr. Goldstein's experience has found it beneficial in accelerating the maturation processes of immature mannerisms, intelligence response, growth, and general development.

EPILEPSY

See 74.

EPILEPSY--ETIOLOGY

50. Livingston, Samuel (Johns Hopkins Hosp., 601 N. Broadway, Baltimore 5, Md)

Etiologic factors in adult convulsions; an analysis of 689 patients whose attacks began after twenty years of age. N. Eng. J. Med. June 28, 1956. 254:26:1211-1216. Reprint.

A report on the presumptive etiologic factor in 689 patients who experienced grand-mal convulsions for the first time after 20 years of age. Data presented demonstrate that these convulsions without demonstrable

EPILEPSY--ETIOLOGY (continued)

causes (cryptogenic or idiopathic epilepsy) are relatively common. Presumptive etiologic factors in this series are by no means the only ones responsible for convulsions in adults. The writer emphasizes that cryptogenic epilepsy or other presumptive causes mentioned here should be considered in the diagnosis only after every possible etiologic factor has been eliminated. Exhaustive examinations to rule out serious organic lesions such as brain tumor should be carried out on every patient with a convulsive disorder.

EPILEPSY--MENTAL HYGIENE

51. Forster, Francis M. (3800 Reservoir Rd., N.W., Washington 7, D.C.)

Personality problems associated with seizures. G.P. (General Practitioner). Nov., 1956. 14:5:90-96.

The fourth in a series of articles appearing in this journal on brain damage in children and sponsored by the District of Columbia Society for Crippled Children, it identifies types of seizures in idiopathic and symptomatic epilepsy. In the latter type, mental retardation and personality defects are usually the result of the basic lesion due to infection, degeneration, tumor, or trauma. The writer believes the common cause of alterations in personality of the patient with seizures is to be found in the attitude of society. With control of seizures possible in about 80 per cent of epileptics, their reemployment and reacceptance by society will not be so apt to display the 'epileptic personality.'

52. Scarborough, Lee F. (Box 42, Austin, Texas)

Management of convulsive patients by group therapy. Diseases Nerv. System. July, 1956. 17:7:223. Reprint.

Reports 5 years' experience with group therapy in two groups of known epileptic war veterans whose low seizure thresholds profited by a more routine, healthy mode of living. Patients chosen were those whose personality problems handicapped better seizure-control and who presented poor rapport in individual therapy. Results of group therapy were improved home behavior, occupational progress, less show of aggression, greatly reduced number of seizures, and better over-all social adjustment.

EXERCISE

53. Foster, Philip

The modern approach to classes in remedial exercises. Physiotherapy. Nov., 1956. 42:11:300-302.

A discussion of different teaching methods required in modern exercise therapy. Personal qualifications of the physiotherapist, criteria for exercises and the grouping of patients, and ways of securing the patients' full cooperation in class and for continuing exercises at home are described. Special aspects of exercise therapy for orthopedic ward classes, progressive resistance exercises, athletic injuries, vertigo, and relaxation classes are discussed briefly.

EXERCISE (continued)

54. Rudd, Jacob L. (481 Beacon St., Boston, Mass.)
Moderate resistance exercises. J. Assn. Phys. and Mental Rehab. Sept. - Oct., 1956. 10:5:150-153. Reprint.
Describes a simple method of "moderate resistance-repetition" exercises with case reports illustrating their use. The value of this type of exercise lies in its safety, especially with the elderly and ill. The individual is the sole judge of when to stop the activity. It has proved an effective means for increasing muscle power.

See also 141.

HAND

55. Freeman, Bromley S. (1810 Medical Towers, Houston 2, Texas)
Reconstruction of thumb by toe transfer. Plastic & Reconstructive Surg. May, 1956. 17:5:393-398. Reprint.
Describes transplantation of the second toe to the hand, by staged procedure to replace a lost thumb in a 20-month old boy. Transfer was carried out in less than a month and three years later the thumb had practically normal function and sensation. It has also shown evidence of growth with no trophic changes. Appearance of the hand is not unduly grotesque. The writer believes that, for a child, reconstruction of a thumb by toe transfer seems preferable to any of the methods now advocated.

HANDICAPPED--BIBLIOGRAPHY

56. Busby, Dorothy R., comp.
New horizons; readable books about the physically handicapped, adults and young people, 1953-1956. Hosp. Book Guide. Nov., 1956. 17:9:188-192.
A selection of books, fiction and non-fiction, which help in understanding the problems of the handicapped. The listing gives author, title, and date of publication, and books are classified under the particular handicap. This is a supplement to New Horizons I and II which appeared in Hospital Book Guide, May, 1951, and May, 1953. Several books published in 1952 and not in the earlier bibliographies have been included.

HANDICAPPED--SURVEYS--PENNSYLVANIA

57. Graham, Saxon (Dept. of Biostatistics, Univ. of Pittsburgh, Pittsburgh, Pa.)
Disability in Butler County, Pennsylvania. Public Health Rep. Nov., 1956. 71:11:1115-1118.
A survey of the extent of motor disability in Butler County based on a probability sample of residents. Statistics are given on duration, prevalence, types, and causes of disability in this area. Of 3,403 persons 54 had disabilities (a rate per 1000 of 15.9 persons) and a total of 128 disabilities among the 54 (61.1% had more than one disability). The prevalence rate for the disabilities examined was 37.6 per 1,000 population. It was found that 24 different types of medical conditions contributed to motor disabilities. The writer believes the statistics underestimate the prevalence of disability since the sample included only those persons living in households at the time of the interview and excluded those residing in institutions. Also discussed are the number of households affected by disability, age and sex distribution of disability, and number of man-hours lost from optimal functioning because of disability.

HARD OF HEARING

See 32; 34.

HARD OF HEARING--SPECIAL EDUCATION

58. New York League for the Hard of Hearing (480 Lexington Ave., New York 17, N. Y.)

How to help the hard of hearing child in your classroom. New York, The League, 1956. 15 p. illus. 25¢.

A pamphlet prepared by the Parents Association, Mrs. Eleanor C. Ronnei, and staff of the New York League for the Hard of Hearing for distribution to school principals and elementary school teachers of hard of hearing children. It offers information on the nature of hearing loss, general suggestions for classroom management of the child, and ways of helping the child to use lip reading skill, speech skills, and the hearing aid. The contents were re-printed practically in full in the Bulletin of the League, as a supplement to the Jan.-Feb., 1955, issue, 32:6, and was annotated in Bulletin on Current Literature, Apr., 1955, #369.

HEART DISEASE--EMPLOYMENT--NEW YORK

59. Klein, Irvin (9 East 9th St., New York 3, N. Y.)

Employment problems affecting the cardiac. N. Y. State J. Med. July 15, 1956. 56:14:2273-2275. Reprint.

Discusses the problem of employment for the cardiac patient, how it affects the employer, and the responsibility of the physician in establishing the exact diagnosis and the patient's functional capacity for reemployment. Operation of the Second Injury Law in New York State is explained, as well as various resources for the rehabilitation of the cardiac.

HEART DISEASE--PREVENTION

60. Luongo, Edward P. (612 S. Flower St., Los Angeles 54, Calif.)

Health habits and heart disease; challenge in preventive medicine. J. Am. Med. Assn. Nov. 10, 1956. 162:11:1021-1024. Reprint.

From a comparison of the health habits of a test group of 100 patients with manifest coronary disease and a control group of 200 patients within the same age group and with similar occupations, it was found that dietary habits played an important part in the prevention of coronary disease. Sedentary living and poor health habits are more conducive to heart disease than hard work, overexercising or occupational stress. Dr. Luongo advocates "training for middle and old age during...youth and childhood" through correct patterns of nutrition and exercise which should carry over as long as possible into middle and old age. The importance of regular periodic appraisals of health habits is stressed.

HEMIPLEGIA

61. Dinken, Harold (4200 E. Ninth Ave., Denver, Colo.)

Evaluation of disability and therapy for hemiplegic patients. Modern Med. Nov. 1, 1956. 24:21:80-84.

In evaluating disability in hemiplegia, the general medical status, motor deficit, extent of spasticity, deformity, and brain damage, the presence of aphasia, and the ability to maintain balance and coordination must be considered. Early therapy and training in self-care activities are discussed.

HIP-DISLOCATION

62. McCarroll, H. R. (3720 Washington Blvd., St. Louis, Mo.)

Congenital anomalies of the hip in young infants; the diagnosis and treatment. Mo. Med. Aug., 1956. 53:8:659-663. Reprint.

A presentation of clinical findings present in congenital dysplasia of the hip and congenital dislocation of the hip early in infancy. Type of treatment used in each instance is briefly reviewed. Diagnosis in early infancy is established by the abnormal physical signs presented; treatment instituted at this age is usually relatively simple and conservative and, as a rule, satisfactory. Illustrated.

HOME ECONOMICS

See 78.

HOMEBOUND--SPECIAL EDUCATION

See 139.

HOSPITALS

63. Schaeffer, Joseph N. (619 N. Glen Oak St., Peoria, Ill.)

Hospitals must take the lead in rehabilitation activities. Trustee. Nov., 1956. 9:11:1-5.

The increase in chronic illness and disability brought hospitals face to face with the problem of their care and demanded a change in philosophy regarding services. The community hospital can meet the challenge by offering complete rehabilitation services; it is the responsibility of the hospital administrator to indoctrinate the nursing service, doctors, and the public in this change of philosophy.

See also 33.

HOSPITALS--NEW YORK

See 26; 146.

HOSPITALS--ADMINISTRATION

64. Trelor, Alan E. (18 E. Division St., Chicago 10, Ill.)

Define and conquer. Hospitals. Nov. 16, 1956. 30:22:45-46.

Reprinted in: Trustee. Nov., 1956. 9:11:29-32.

The director of research for the American Hospital Association deplors the haziness of the hospital vocabulary and points out the confusion caused by ill-defined terms used in hospital data. In the planning of hospital facilities it is necessary that a standardization of terms be established; definitions are too often based on a variety of criteria. Communication between the several professional fields and between members of a single field is poor, as exemplified by the use of such terms as "chronic illness," "convalescence," and "rehabilitation."

HOSPITALS--OCCUPATIONAL THERAPY DEPARTMENT

See 88.

LARYNGECTOMY

65. Equen, Murdock (144 Ponce de Leon Ave., N.E., Atlanta 8, Ga.)
The rehabilitation of the laryngectomee. A. M. A. Arch Otolaryngology. July, 1956. 64:1:1-2. Reprint.

Laryngectomy without rehabilitation only serves to prolong a miserable existence, in the author's opinion. He describes the preoperative briefing of patients on the various methods of learning to talk again, the use of laryngectomized patients who have mastered the pharyngeal voice in the education of those facing operation, and the relative merits of esophageal speech and pharyngeal voice, the latter being preferred. The post-operative phase of rehabilitation and the choice of patients for rehabilitation services are discussed.

66. Gardner, Warren H. (776 Woodview Rd., Cleveland Heights 21, Ohio)
The laryngectomees organize. Quart. J. Speech. Oct., 1956. 42:3: 270-272. Reprint.

Describes the growth of local groups of laryngectomized patients formed for recreational and social purposes to help future laryngectomees overcome their problems. From common interests, handicaps, and goals came the inspiration for affiliation on a national basis. The International Association for Laryngectomees was the result; it has been permanently sponsored by the American Cancer Society, its state and local chapters, since 1955. The Association now has national headquarters in Detroit and publishes a bulletin for the benefit of laryngectomees (see Rehabilitation Literature, June, 1956, p. 1).

67. Heaver, Lynwood ((Natl. Hosp. for Speech Disorders, 61 Irving Pl., New York 3, N. Y.)

Clinical experience in restoring oral communication to 274 laryngectomized patients by esophageal voice, by Lynwood Heaver, Willard White, and Nona Goldstein. J. Am. Geriatric Soc. Sept., 1955. 3:9:687-690. Reprint.

A critical analysis of data obtained from case histories and questionnaires at the post-laryngectomy clinic at the National Hospital for Speech Disorders, New York, reveals factors which appear to impede progress in acquiring a satisfactory esophageal voice. During 1952-53, 274 patients were admitted for training. "It has been the general policy in our clinic not to recommend the use of an electro-larynx until the therapist is convinced that the patient, for some reason, cannot possibly learn the technique for some facile esophageal voice. Over a two-year period represented by the present study, only 12 patients ultimately fell into this category."

Supplemental psychiatric therapy and social service are recommended as part of the rehabilitation program for laryngectomees. Interpersonal family relationships and the economic aspects of loss of voice, as well as the traumatizing experience of laryngectomy are factors which must be taken into account in planning rehabilitation services.

LEG.

68. Ferguson, Albert B., Jr. (125 Desoto St., Pittsburgh 13, Pa.)
Limp in childhood. Pa. Med. J. Nov., 1956. 59:11:1351-1354.

A discussion of the various causes of a child's limp; diagnosis and treatment call for knowledge of the various possibilities and their salient features. Covered are the antalgic limp, foot strain, fractures of the tibia and fibula, muscle atrophy, disorders of the knee, congenital discoid meniscus, dislocations of the hip, Legg-Perthes' disease, the calcaneus gait, paralytic gaits, and gait abnormalities in cerebral palsy. Weight bearing should be discontinued until a thorough diagnosis has been made.

LIBRARY SERVICE

69. Ticknor, William E. (Enoch Pratt Free Library, Baltimore, Md.)
Books in the fight against tuberculosis. Library J. Nov. 1, 1956. 81:19:2499-2502.

Describes library services established at Baltimore City Hospitals which are unique among hospital libraries in that they are supported by the Maryland Tuberculosis Society. The Library was furnished by the Baltimore Tuberculosis Aid Society, and is operated by the Enoch Pratt Free Library as a station, or small branch, thus ensuring a high quality of service and an almost unlimited supply of books. For patients who are bedfast, books offer a variety of interests and help to meet recreational, educational, vocational, and psychological needs.

MEDICAL SERVICE--PROGRAMS

See 33; 63; 146.

MENTAL DEFECTIVES

70. Maxted, George W.
Following up E.S.N. school leavers. Special Schools J. Sept., 1956. 45:3:13-19.

A report of a follow-up study of 26 pupils who left a school for educationally sub-normal children to take employment. Personal interviews with former students revealed information on social and vocational adjustment and recreational pursuits. Deficiencies of the school program were revealed in that these pupils had very few leisure programs, their budgeting was inadequate, social contacts poor, and loneliness was a recurrent theme.

71. Phelps, Harold R. (Ohio State Univ., Columbus, Ohio)
Postschool adjustment of mentally retarded children in selected Ohio cities. Exceptional Children. Nov., 1956. 23:2:58-62, 91.
An article discussing findings of a study of post-school adjustment of young people who had attended state approved classes for the mentally retarded in Ohio. A sample of cases from 19 cities which participated in the study comprised the material. This project is reported in detail in a monograph, "Post-school Adjustment of Slow Learning Children," by Viola Cassidy and Harold R. Phelps and was listed and annotated in Rehabilitation Literature, Nov., 1956, #1358.

MENTAL DEFECTIVES--MICHIGAN

72. Michigan Demonstration Research Project for the Severely Mentally Retarded
Final report (...by Richard J. Guenther). Lansing, Dept. of Public
Instruction, 1956. 32 p. tabs.

Recommendations, findings, and sample case histories from the three centers established for the purposes of the Project are given here. The project, initiated in 1953 and described in an interim report (see Rehabilitation Literature, July, 1956, #839), continued its research over a three year period. This report covers the background of the problem of mental retardation in Michigan, an outline of plans for the study, a description of the pilot centers and their operation under the Project, psychometric results and changes in behavior of children in two centers, changes in parental attitudes, statistics on the incidence of trainable mentally retarded children in Michigan, data on financial costs of operating the centers, general suggestions on teacher qualifications, and the contributions of state and local departments of health, mental health, social welfare, and public instruction.

Available from Michigan State Department of Public Instruction, Lansing, Mich.

MENTAL DEFECTIVES--DIAGNOSIS

73. Bailey, Orville T. (1315 W. 10th St., Indianapolis 2, Ind.)

Some problems in the pathology of mental deficiency with microcephaly, by Orville T. Bailey and John S. Woodard. Neurology. Nov., 1956. 6:11: 761-774.

A description of 9 cases of microcephaly studied at autopsy and a comparison of 4 other cases in whom mental deficiency was associated with craniosynostosis. Microcephaly is defined; while hydrocephalic brains may sometimes qualify under the definition, they are excluded from this present series. Various etiologic factors responsible for the condition are considered. All types of microcephaly were associated with severe mental deficiency. The importance of early operation in craniosynostosis to allow for normal development of the brain is stressed. Compression effects on the brain in craniosynostosis, when of sufficient duration, can lead to mental deficiency and blindness.

MENTAL DEFECTIVES--MEDICAL TREATMENT

74. Berman, H. H. (Willowbrook State School, Staten Island, N. Y.)

Electrocerebral stimulation in mentally defective patients, by H. H. Berman and M. Jacobs. Diseases Nerv. System. Aug., 1956. 17:8:264-265. Reprint. Eastern Psychiatric Research Assn. proceedings, April 5, 1956.

A brief report of the effect of electro-cerebral stimulation on the mentally defective through use of the Reiter apparatus, Model RC 47 D. Indications for treatment and results in 23 patients thus treated are discussed. Of the group, 11 were severe convulsives who experienced from one to 25 grand mal seizures a month. A drastic reduction in the number of spontaneous seizures has resulted during and after treatment. As a group they are more comfortable and alert than previously and less confused and irritable. In both convulsive and non-convulsive patients destructive and assaultive behavior is lessened or has disappeared. The method of administering treatment is described.

MENTAL DEFECTIVES--PARENT EDUCATION

75. Rohan, J. C. (Coleshill Hall Group of Hospitals for Mental Defectives, Birmingham, England)

The day-to-day management of the mentally handicapped child in its own home, by J. C. Rohan and R. A. Browne. Mental Health. Autumn, 1956. 16:1:16-24.

In this address read by Dr. Browne at a meeting of the Birmingham Branches of the National Society for Mentally Handicapped Children, December, 1955, the writers suggest ways in which parents can arouse response in handicapped children, how to cope with feeding problems and habit training, and to encourage them in walking and talking. Problems presented by the older child, the restless or destructive, the spiteful, the sleepless, and the epileptic child are discussed. Emphasis is on treating the exceptional child as an ordinary member of the family, as far as possible.

MENTAL DEFECTIVES--PROGRAMS

See 147.

MENTAL DEFECTIVES--SPECIAL EDUCATION

76. Chamberlain, Naomi Hooker

Learning colors, by Naomi Hooker Chamberlain and Olivia Juliette Hooker. Rochester, N. Y., Olnay Books, c1955. 22 p. illus. (Book I, Olnay ser.)

Insert: Packet of 8 matching cards.

The first of a series of books planned for severely retarded and handicapped children, it can be used either in group or individual learning situations to teach children to match, identify, and name colors. Suggestions for using the book and for drill work are given. Because of the scarcity of instructional material for children whose mental level is below that of the 5-year-old, the book will fill a real need.

Available from Olnay Books, P. O. Box 3125, Rochester 14, N. Y., at \$1.50 a copy.

77. Chamberlain, Naomi Hooker

Learning forms and sizes, by Naomi Hooker Chamberlain and Olivia Juliette Hooker. Rochester, N. Y., Olnay Books, c1956. 112 p. illus. (Book III, Olnay ser.)

Activities suggested in the third of the Olnay series of books for parents and teachers of severely retarded children have proved helpful in training children with abilities within the range of the pre-school normal child. In arranging the book, the authors have taken into consideration psychological principles of special education techniques such as repetition, the use of concrete familiar objects, reduced distraction, and tasks within the scope of the retarded child's ability. The material will aid in the recognition and identification of common forms, in discrimination between sizes, in the child's own relationship between forms and things in his own environment, and in the acquisition of a simple vocabulary.

Available from Olnay Books, P. O. Box 3125, Rochester 14, N. Y., at \$1.50 a copy.

MENTAL DEFECTIVES--SPECIAL EDUCATION (continued)

78. Sutton, Clara Middleton (The Training School, Vineland, N. J.)

Inter-personal relationships which affect learning for educable mentally retarded children in home economics. Training School Bul. Nov., 1956. 53:7:183-191.

The writer, a successful teacher of home economics at the Vineland Training School, advocates for the home economics teacher of the mentally retarded experience with both normal and mentally retarded children. She discusses the effect of various factors on the degree of learning for educable mentally retarded child in home economics, some methods and techniques employed at Vineland, the planning of activities, type of equipment necessary, and qualifications of a teacher of the mentally retarded.

See also 148.

MENTAL DEFECTIVES--SPEECH CORRECTION

79. Chamberlain, Naomi Hooker

A speech readiness guide for parents of severely retarded children, by Naomi Hooker Chamberlain, Olivia Juliette Hooker, and Winifred Hull Wagner. Rochester, N. Y., Olnay Books, c1956. 77 p. (Olnay ser. publ. II)

The second in the Olnay series of books, it presents an outline guide for providing readiness experiences in the speech area. Since experiments have proved the retarded child often benefits from certain types of speech training, this book may be useful to the speech therapist in helping parents to work at home with the child. Lesson plans and necessary equipment are described for teaching the child to identify speech organs, imitate movements, and exercise for control of speech organs. The usual techniques of speech therapy are adapted for use with retarded children; games and speech activities are suggested.

Available from Olnay Books, P. O. Box 3125, Rochester 14, N. Y., at \$1.50 a copy.

MENTAL HYGIENE

80. Ross, Helen

The shy child. New York, Public Affairs Committee, c1956. 28 p. (Public Affairs pamph. no. 239)

The author, Administrative Director of the Institute for Psychoanalysis, Chicago, and a consultant in child care, discusses the reasons for shyness in children, how parental attitudes toward children can produce shyness, what parents and teachers can do to help children overcome timidity, and how to foster emotional growth in children. Briefly discussed, also, are the role of physical disability and illness in causing shyness and how anxiety, if prolonged, can lead to certain chronic illness states in children.

Available from Public Affairs Pamphlets, 22 E. 38th St., New York 16, N. Y., at 25¢ a copy.

See also 25.

MONGOLISM

81. Challenge of mongolism. Brit. Med. J. Oct. 27, 1956. 4999:993-994.

Reports briefly on a meeting on "Current Research on Mongolism," held in October, 1956, in England. Professor L. S. Penrose discussed the etiology of mongolism; Dr. C. O. Carter described some results of a survey of over 500 mongols, paying particular attention to possible etiological and social factors. Dr. Ursula Mittwoch described some unusual features of the polymorphonuclear leucocytes in mongolism. Mrs. K. Evans described, in more detail, some social findings of the survey mentioned above, and Dr. J. Stern discussed biochemical changes in mongolism. Dr. L. Crome showed the brain of a mongol, the frontal lobe of which was particularly undeveloped, together with the middle lobe of the cerebellum which was linked to the frontal lobe.

82. Goldstein, Hyman (317 E. 17th St., New York 3, N.Y.)

Congenital acromicria syndrome. Arch. Pediatrics. Apr., 1956. 73:4:115-124. Reprint.

Dr. Goldstein suggests the use of the term "congenital acromicria syndrome" in place of "mongolism" because it is more adaptable to the pathogenesis and symptomatology of the condition and does not carry any stigma for the child. He traces the etiology, prenatal influences and conditions causing the syndrome. Also described are activities in behalf of retarded children conducted in Panama City and the Republic of Panama. This paper and those listed as #13, 49, and 83 were originally presented as lectures in April, 1956, at the University of Panama.

83. Golstein, Hyman (317 E. 17th St., New York 3, N.Y.)

Treatment of congenital acromicria syndrome in children. Arch Pediatrics. May, 1956. 73:5:153-167. Reprint.

Treatment of congenital acromicria syndrome in children covers: prophylaxis; endocrine, and combined endocrine and glutamic acid therapy; speech and physical therapy; brain surgery; proper nutrition, drugs, minerals, and vitamins; sicca-cell therapy, psychological guidance and education. The writer discusses his management of each phase of treatment and describes some results achieved. Two case histories illustrating results of surgery in carefully selected cases are most interesting. Two new technical procedures which may be of help to the retarded child are described.

See also 49.

MUSCLES--TESTS

84. Beasley, Willis C. (Biophysics Research Laboratory, Bethesda, Md.)

Instrumentation and equipment for quantitative clinical muscle testing. Arch. Phys. Med. and Rehab. Oct., 1956. 37:10:604-621.

Describes the essential physical and functional characteristics of the most satisfactory instrumentation and equipment developed during the author's ten years' research program on methods for quantitative muscle testing, with particular emphasis on applications to clinical evaluations of muscle functions. Design requirements for instrumentation are listed and a brief description is given of the various instrumental and accessory equipment components in their

MUSCLES--TESTS (continued)

final form, with indications for their specific utilization in the methods finally achieved. A series of papers planned for future publication will describe the specific utility of each item in context with reports on specific experimental procedures and their results. Illustrated.

MUSCULAR DYSTROPHY

85. Deaver, George G.

Progressive muscular dystrophy; diagnosis and problems of rehabilitation, by George G. Deaver, Leon Greenspan, and Chester A. Swinyard. New York, Institute of Physical Med. and Rehab. (1956?). 40 p. Planographed. Spiral binding.

In this monograph prepared under a grant from the Muscular Dystrophy Associations of America, the history, incidence and prognosis, etiology, hereditary aspects, pathology, clinical types, and problems of differential diagnosis are reviewed. A successful rehabilitation program for patients with muscular dystrophy consists of appropriate psychosocial support in addition to the necessary physical medicine services. Broad areas and methods of physical rehabilitation employed in the muscular dystrophy clinic at the Institute of Physical Medicine and Rehabilitation are outlined. Mechanical assistive aids and the medical management of contractures are described briefly.

Available from Muscular Dystrophy Assns. of America, 1790 Broadway, New York 19, N. Y.

MUSIC THERAPY

86. May, Elizabeth (Dept. of Music, Univ. of Calif., Los Angeles, Calif.)

Music for children with cerebral palsy. Am. J. Phys. Med. Oct., 1956. 35:5:320-323/

A report of an experimental music program at the Chandler Tripp School for Cerebral Palsied Children, San Jose, Calif. Five occupational therapy students conducted the program under the supervision of the writer; the article is based on written reports of the students and the author's observations. Children ranged in age from 3 to about 20 and classes were held in the nursery, primary, junior, and senior groups. Miss May offers the following conclusions regarding a music program for the cerebral palsied: 1) the person presenting a music program should have occupational therapy training and some understanding of the disease and, 2) a minimum knowledge of music equal to that required for elementary school teachers; 3) children respond according to their ability, to a program which includes singing, rhythms, playing of instruments, and listening; and 4) music, in conjunction with speech and physical therapy, may aid materially with problems of speech and physical coordination.

NEUROLOGY

87. Merritt, H. Houston (710 W. 168th St., New York 32, N. Y.)

Evaluation of surgical therapy of disorders of the basal ganglia. Neurology. Nov., 1956. 6:11:755-760.

Reviews the literature on surgical methods for the relief of abnormal movements and results obtained from such treatment. The writer states that it is impossible at the present time to evaluate accurately the operative procedure

NEUROLOGY (continued)

on the globus pallidus, as current reports are for the most part too sketchy regarding results. More complete descriptions are needed of the pre-operative status of patients and status at stated intervals after the operation. Also lacking are uniformity of operative procedures, reports of histologic examination of the brains of operative patients, and sufficient information on applicability of the operative procedures to cases other than those exhibiting predominately unilateral symptoms. 41 references.

NURSING

See 136.

NUTRITION

See 28; 60.

OCCUPATIONAL THERAPY--ADMINISTRATION

88. O'Reilly, D. Elliott (4161 Lindell Blvd., St. Louis, Mo.)

Medical direction for the occupational therapist. Hospitals. Nov. 1, 1956. 30:21:36-38. Reprint.

In this article based on a paper presented at an American Hospital Association Institute for occupational therapists, April, 1956, Dr. O'Reilly lists the various services which make up a complete rehabilitation service, the role of the occupational therapist in such a program and various types of therapy serving diverse needs during particular stages in rehabilitation. Qualifications and professional training of the therapist are discussed briefly. Dr. O'Reilly stresses those things which the physician directing physical medicine and rehabilitation services expects of the occupational therapy service and the necessity for its being under close medical supervision.

OCCUPATIONAL THERAPY--EQUIPMENT

89. Lock, Sidney J. (Kent and Sussex Hosp., Tunbridge Wells, England)

Printing and the treatment of physical disabilities. Brit. J. Phys. Med. Nov., 1956. 19:11:241-247.

Describes an occupational therapy program at the Kent and Sussex Hospital, England, in which an adapted printing machine has been employed to give localized specific treatment during rehabilitation. Patients are mainly in-patient or out-patient orthopedic cases or patients from the casualty department; most require only short-term treatment. The machine and its installation, its adaptation for treatment, and therapeutic applications are discussed and illustrated. Statistics are included on types of cases treated during a two-year period and the use of the printing machine in treatment.

OLD AGE

90. Barkley, David W. (Harvard Univ. School of Public Health, Boston, Mass.)

The aging population and changing orientations in public health, by David W. Barkley and Claire F. Ryder. J. Am. Med. Women's Assn. Nov., 1956. 11:11:385-391.

In same issue: Emotional aspects of the aged and aging, Martha Brunner-Orne. p. 392-394.

OLD AGE (continued)

New directions in public health practices and preventive medicine are the result of the increasing number of older people in American society. Discussed here are stages in public health development, greater demands on public health facilities due to the aging population, the social, emotional, and economic aspects of old age, rehabilitation and preventive measures to combat chronic illness and disability, the need to reorient professional health personnel to problems of old age, and the need for professional and community cooperation in the solution of problems of the aged.

Dr. Brunner-Orne's article discusses the discrepancy between the aging individual's social needs and cultural attitudes persisting from former years, factors mainly responsible for the development of symptoms characteristic of psychopathologic senescence, and rehabilitation and reeducation of the aged to an improved level of functioning.

91. Blundy, Marion G.

Some aspects of the rehabilitation of geriatric patients. Physiotherapy. Oct., 1956. 42:10:270-272.

Because of the marked reluctance of personnel to accept work among the aged sick, it is often difficult to secure qualified physical therapists for geriatric rehabilitation facilities. The importance of this type of rehabilitation and the necessity for teamwork on the part of all personnel concerned with a geriatric unit are stressed. Ways of stimulating patients to remain mentally alert and physically independent are suggested. Home follow-up visits after patients have been discharged from the hospital or rehabilitation center, and a day center are recommended as additional developments of the geriatric program.

OLD AGE--INSTITUTIONS--GREAT BRITAIN

92. Wallace, Doreen

Care of the aged; Part I. Old chronics, by Doreen Wallace; Part II. New homes for old, by T. N. Rudd. Med. World. Oct., 1956. 85:4:357-365.

The problems presented in care of the chronic aged patient at home or in nursing homes in England are discussed, with a plea for more homes, with or without qualified nursing, according to the needs of the patients, and set up by local authorities to meet existing needs. The housing of the aged in homes where the maximum profit is the first consideration is deplored.

The article by T. N. Rudd describes a program in operation in Exeter (England) where the aged are boarded-out in private homes as paying guests.

OLD AGE--PROGRAMS

93. Ferderber, Murray B. (5722 Fifth Ave., Pittsburgh 32, Pa.)

Aspects of rehabilitation of the aged. J. Am. Med. Assn. Nov. 10, 1956. 162:11:1036-1038.

This over-all view of the problems of the aged and chronically ill was gained through 10 years' experience in their care, including visits to 200 or more institutions in the United States and abroad. Dr. Ferderber believes that through the contributions of physical medicine and other specialties, including ancillary services, great improvements in health and morale are possible in this group. Although institutionalization is often necessary, many of the aged and chronically ill can remain at home if the family is provided proper services. Medical, psychological, social and economic aspects of the problem are considered briefly.

PAIN

94. Brain, Sir W. Russell
Pain. Physiotherapy. Nov., 1956. 42:11:293-299.
The Founders' Lecture.

A discussion of different types of pain, their treatment, and the relationship between pain and the mind. Factors responsible for producing pain are described. The author concludes that however pain may originate and however simple its initial cause, it does not remain a simple thing since it produces bodily reactions which may be protective in a reflex sense. If the original cause of the pain is not removed, these bodily reactions tend to set up states of spasm and contracture in adjacent tissues which become an additional source of pain. Such complex conditions are particularly apt to arise in diseases of the spine and call for careful assessment of the various factors involved in each individual case.

PARALYSIS AGITANS--ETIOLOGY

95. Schwab, Robert S. (Mass. General Hosp., Fruit St., Boston 14, Mass.)
Shift to older age distribution in parkinsonism; a report on 1,000 patients covering the past decade from three centers, by Robert S. Schwab (and others). Neurology. Nov., 1956. 6:11:783-790.

From data supplied by the Neurological Institute of New York, the University of Leeds (England) Medical School, and the authors' own experience at Massachusetts General Hospital, it was found that a definite shift occurred in the age distribution of parkinsonism patients. Data point to a possible common etiology between two-thirds of parkinsonism patients and the influenza epidemic which ran from 1917 to 1926. It is believed that a drop in the number of patients with this disease might be expected during the next ten years.

PARALYSIS AGITANS--MEDICAL TREATMENT

96. Doshay, Lewis J. (700 W. 168th St., New York 32, N. Y.)
Five-year study of benztropine (Cogentin) methanesulfonate; outcome in three hundred two cases of paralysis agitans. J. Am. Med. Assn. Nov. 10, 1956. 162:11:1031-1034. Reprint.

Presents a record of results of 5 years' experience with the use of a relatively new synthetic drug in the treatment of patients with parkinsonism. The drug, at present the most powerful orally-given antispasmodic, is long acting and needs to be used only once a day; it is best employed in combination with other anti-parkinson agents, especially cerebral stimulants. Its administration is urged for all patients with paralysis agitans suffering from rigidity, postural disabilities, disturbed speech and gait, dysphagia, cramps and spasms of muscles, and frozen states of the face and limbs.

97. Erickson, Donald J. (200 First St., S. W., Rochester, Minn.)
Therapeutic exercises in management of paralysis agitans, by Donald J. Erickson (and others). J. Am. Med. Assn. Nov. 10, 1956. 162:11:1041-1043. Reprint.

Prevention of progressive disability in paralysis agitans depends largely on the patient's ability and desire to remain active. Specific exercises prescribed by the physician to prevent contractures and increase speed in the extremities,

PARALYSIS AGITANS--MEDICAL TREATMENT (continued)

for the correction of posture, and for gait training are valuable in treatment of the disease. Continued performance of the activities of daily living will help to prevent immobility, contractures, and the danger of depressed and apathetic mental states.

See also 87.

PARALYSIS AGITANS--STATISTICS

98. Westlund, Knut (Life Insurance Companies Institute for Medical Statistics, Oslo City Hospitals, Oslo, Norway)
Cancer as a cause of death among patients with other chronic diseases, by Knut Westlund and Anna Hougen. J. Am. Med. Assn. Nov. 3, 1956. 162:10:1003.

A letter to the Editor.

An article by Dr. Lewis J. Doshay ("Problem situations in the treatment of paralysis agitans") in the Journal of the American Medical Assn., Oct. 16, 1954, 156:7:680-684, aroused the interest of the writers of this letter and led to an investigation of the suggestion that cancer is phenomenally rare in paralysis agitans. Material for the study was taken from patients' records at Ulleval Hospital, Oslo. Calculated from official cancer death rates in Norway, experience in this study revealed 7 deaths from cancer in patients with paralysis agitans; the expected number was 3.6. Statistics on expected and actual deaths from cancer in three groups of patients--with paralysis agitans, myocardial infarction, and bronchial asthma--are included.

PARAPLEGIA--MEDICAL TREATMENT

99. American Medical Association

(Panel discussion on rehabilitation of patients with paraplegia... Section on Physical Medicine... annual meeting of the... 1956) J. Am. Med. Assn. Nov. 24, 1956. 162:13:1203-1209.

Contents: Primary care of the urinary tract in spinal cord injury, Herbert S. Talbot. -Neurosurgical aspects of treatment for patients with spinal cord injuries, Irving S. Cooper. -Rehabilitation of the paraplegic patient, Donald A. Covalt.

Dr. Talbot's paper outlines a fundamental program of conditioning of the reflex bladder in paraplegic patients. Dr. Cooper defines responsibilities of the neurosurgeon in the early management of the patient with spinal cord injury, early neurosurgical procedures employed, and the utilization of various neurosurgical methods for the management of sequelae of paraplegia--mainly, intractible pain and spasticity. Dr. Covalt describes a series of rehabilitation activities directed to the paraplegic patient's adjustment to walking and daily living. The end-result in rehabilitation for these patients is to prepare him for employment or further vocational training leading to employment.

100. Meloy, William C. (2019 R Street, N. W., Washington 9, D. C.)

Reconstructive surgery in paraplegia, by William C. Meloy and Robert L. Harding. Am. J. Surgery. July, 1956. 92:1:96-102. Reprint.

Discusses briefly routine care of paraplegics and the detailed regimen used to maintain these patients during the surgical phase of rehabilitation. The

PARAPLEGIA--MEDICAL TREATMENT (continued)

program includes meeting nutritional needs, meticulous hygiene, early treatment of bruises, bowel and bladder care, physical therapy, careful laboratory analyses, medication and chemotherapy. Techniques for surgical repair of sacral, ischial, trochanteric, and decubitus ulcers are discussed.

PARTIALLY SIGHTED--PERSONNEL

101. U. S. Office of Education

Teachers of children who are partially seeing; a report based on findings from the study "Qualification and preparation of teachers of exceptional children," prepared by Romaine P. Mackie (and others). Washington, D.C., Gov't Print. Off., 1956. 71 p. illus., tabs. (Bul. 1956, no. 4)

One of a series of publications reporting facts gathered in the study "Qualifications and Preparation of Teachers of Exceptional Children," a major project of the Office of Education. It gives expanded and additional information representing the opinions of many leaders in special education and should prove useful to teachers, supervisors and administrators selecting personnel, to standard-setting agencies, and to colleges and universities preparing teachers of exceptional children. Covered are: the competencies needed by teachers of the partially seeing, standards of proficiency as appraised by teachers and administrators, education and experience contributing to proficiency, summary and implications for programs of education for the partially seeing, as well as suggested areas for research. Data from inquiry forms returned in the study are included in the appendix.

Available from U. S. Superintendent of Documents, Washington 25, D.C., at 30¢ a copy.

PEDIATRICS

102. Ross Laboratories (Columbus 16, Ohio)

Psychological aspects in the care of infants and children; report of the twenty-first Pediatric Research Conference. Columbus, Ohio, The Laboratories, 1956. 90 p.

Contents: Infant behavior and the mother-child relationship: Introduction, Milton J. E. Senn. -The mother-infant relationship and infant development, Sally Ann Provence. -The psychological approach to the interview and the physical examination, Albert J. Solnit. -A plan for integrated learning, John Rose. -Experiences of the "Attitude Study Project," Barbara M. Korsch. -Techniques and problems of teaching, a symposium, Sherman Little, Richard E. Wolf, and Dane Prugh. -The pediatrician in practice: Midwestern group practice, Arnold S. Anderson. -Eastern solo practice, T. Berry Brazelton. -Western prepayment health supervision, Percy H. Jennings, Jr. -The pediatrician and the case worker, Esther Heath. -Formal discussion. -Summary, Julius B. Richmond.

Discussions covered the physician's relationships with both the parents and the child during the formative years of growth and development, family attitudes toward infant and child care; and techniques and procedures to be utilized by the physician in defining and evaluating these attitudes.

PHYSICAL EFFICIENCY

103. Quibell, E. P. (Chailey Heritage Craft School and Hospital, Chailey, Sussex, Eng.)

The physically handicapped child; functional assessment of the disability as an aid to planning. Brit. Med. J. Oct. 27, 1956. 4999:991-993.

Describes a systematic approach to the functional assessment of treatment needs of the physically handicapped child with severe or complicated handicaps. A modification of the program used at Bellevue Medical Center, New York, was employed at Chailey Heritage to assess each function--feeding, dressing, washing and bathing, toilet management, and ambulation (i.e., activities of daily living). Following analysis by various staff members, a case conference is held and recommendations are made for the necessary services to include physical medicine, the various therapies, surgery; and educational and social adjustment. Several case histories are included to illustrate application of the method in specific instances.

See also 24.

PHYSICAL MEDICINE

104. Bilik, S. E. (85 Fifth Ave., New York 13, N. Y.)

Essentials of office physical therapy. Med. Times. Nov., 1956. 84:11:1180-1190.

Describes some of the degenerative changes which are secondary to the basic ailment and urges the utilization of timely and adequate preventive measures to offset the crippling effects of dysfunction or malposition. Techniques of physical medicine--heat, massage, appropriate exercise, and manipulative therapy are recommended for early use in the treatment of secondary pathology.

PHYSICAL MEDICINE--HISTORY

105. Featherstone, Donald F.

The Greeks had a name for it. Med. World. Oct., 1956. 85:4:366-373.

Noting that a distinguished American lecturer had recently announced that the concept of rehabilitation was barely ten years old, the writer delves into history to prove that the science has been applied in a more or less organized fashion for at least 2,000 years. He cites the use of massage, remedial exercises, electrotherapy, heliotherapy and hydrotherapy which has been mentioned in literature since the beginnings of history; such methods were well known in the ancient civilizations of the Egyptians, Persians, Chinese, Hindus, Turks, Japanese, Arabs, and ancient Greeks.

PHYSICAL THERAPY

See 53; 54; 94; 117.

POLIOMYELITIS

106. Collier, Clarence R. (Coll. of Med. Evangelists, 312 N. Boyle St., Los Angeles 33, Calif.)

Mechanics of glossopharyngeal breathing, by Clarence W. Dail, and John E. Affeldt. J. Applied Physiology. May, 1956. 8:6:580-584. Reprint.

Reports a study of the mechanics of glossopharyngeal breathing in 42 poliomyelitic patients with marked paralysis of the other muscles of breathing.

POLIOMYELITIS (continued)

Results are illustrated by simultaneous tracings of air flow and volume recorded at high amplification, pressure-volume characteristics of the lung and thorax during glossopharyngeal breathing, and the effects of maximal glossopharyngeal breathing, on arterial pressure. The many advantages of this type of breathing for the paralyzed patient are discussed, as well as some contraindications for its use.

107. Murphy, Alma J. (Dept. of Phys. Med. and Rehab., Univ. of Mich. Med. School, Ann Arbor, Mich.)

Glossopharyngeal breathing in the management of the chronic poliomyelitic respirator patient, by Alma J. Murphy, Norman S. Talner, and David G. Dickinson. Arch. Phys. Med. and Rehab. Oct., 1956. 37:10: 631-636.

Describes a teaching program for glossopharyngeal breathing according to techniques described by C. W. Dail and his associates at Rancho Los Amigos Hospital, Hondo, Calif. Forty-three patients at the University of Michigan Poliomyelitis Respirator Center participated in the program. Of these, 38 became proficient in this technique; their ability to learn did not appear to be limited by vital capacity, sex, or duration of the disease. Failure to learn was attributed to inadequate instruction, lack of motivation, or paralysis of the pharynx or larynx.

PSYCHOLOGICAL TESTS

108. Current status of the Rorschach test; symposium, 1955; Woodrow W. Morris, chairman. Am. J. Orthopsychiatry. Oct., 1956. 26:4:773-817.

Contents: A psychometric evaluation of the Rorschach experiment, Joseph Zubin and Leonard D. Eron. -The Rorschach test and the diagnosis of cerebral pathology in children, Arthur L. Benton. -Concerning researchers' thinking in schizophrenia research, S. J. Beck, Herman B. Molish, and Jean Sinclair. -The Rorschach test and psychotherapy, Irwin J. Knopf. -The Rorschach test in military psychology and psychiatry, Herman B. Molish.

109. Gibbs, Norah

Problems in assessing the educational needs of physically handicapped children. Almoner. Nov., 1956. 9:8:273-279.

Recognizing the value of tests in assessing the child for educational placement, the writer nevertheless believes the responsibility of the school psychologist or school medical officer lies in assessing educability rather than determining the I.Q. Such an assessment, particularly, calls for recognition of all aspects of the child's physical, mental, social, and emotional needs. The difficulties in testing physically handicapped children and in placing them in the educational environment best suited to their needs are discussed.

110. Meyer, Bernard C. (Mt. Sinai Hosp., Fifth Ave. and 100th St., New York 29, N. Y.)

Observations on the House-Tree-Person Drawing Test before and after surgery, by Bernard C. Meyer, Fred Brown, and Abraham Levine. Psychosomatic Med. Nov.-Dec., 1955. 17:6:428-454. Reprint.

PSYCHOLOGICAL TESTS (continued)

A report of the use of the test at Mt. Sinai Hospital, New York, administered to a group of 22 patients before and after surgery. Purpose of the test was to obtain data concerning unconscious attitudes toward surgically induced bodily changes. Data on pre - and postoperative diagnoses are given and pre - and postoperative drawings are compared. Case histories and interpretations of the test drawings are included. "...the suggestion is offered that although the drawings are produced upon order they may serve a psychotherapeutic function in aiding the subject to cope with a threatening and traumatic reality."

111. Sherman, Murray H. (350 Central Park West, New York 25, N. Y.)

A brief objective test for the measurement of mental impairment. J. Gen. Psychology. 1955. 52:285-296. Reprint.

A Letter Finding Test, devised as an approximate measure of intellectual impairment as related to mental flexibility, has been found to discriminate significantly among various groups of subjects to whom the test has been administered. The test, its administration, and scoring, are described and statistical data supporting the conclusions are included. Groups tested were composed of "normals," general medical patients, schizophrenics, schizoid personalities, those with emotional instability reactions, mental defectives, and those with organic defect. Tentative norms and qualitative suggestions for interpreting the test are given as well as a discussion of its practical use.

112. Silverstein, A. B. (Psychiatric Institute, Univ. of Maryland School of Med., Baltimore, Md.)

The representation of orthopedic disability in children's figure drawings, by A. B. Silverstein and H. A. Robinson. J. Consulting Psych. Oct., 1956. 20:5:333-341.

From their investigation of the psychological factors in the treatment and recovery from poliomyelitis, the authors present findings and conclusions after studying sets of human figure drawings--same-sex, opposite-sex, and self-figures--obtained from 22 children in the chronic stage of poliomyelitis. Various hypotheses are suggested to account for negative results of the study. Weaknesses in the basic assumption underlying this and similar investigations are discussed. Plans for future research using the figure-drawing technique include a more individualized and personality-centered approach to the human figure-drawing technique.

PSYCHOLOGY

113. Cobb, Beatrix (Univ. of Texas M. D. Anderson Hosp. and Tumor Institute, 6723 Bertner Ave., Houston 25, Tex.)

Psychological impact of long illness and death of a child on the family circle. J. Pediatrics. Dec., 1956. 49:6:746-751.

An analysis of the responses of a small population of parents of children who have died of cancer after prolonged illness, given here because they seem to indicate important trends in the thinking and philosophy of the families represented. Responses indicated reactions in retrospect to the long terminal stage of illness characterized by intermittent remissions and regressions and

PSYCHOLOGY (continued)

eventual death; impact of forced separation and disruption of family living on the marriage and siblings of the ill child; the psychological impact of death on other children in the family; and the role of religion in the tolerance and acceptance of the illness and death. Excerpts from parents' letters are included as illustrations.

114. Seidenfeld, Morton A. (Natl. Found. for Infantile Paralysis, 120 Broadway, New York 5, N. Y.)

Progress in rehabilitation of the physically handicapped. 29 p. Reprint.

In: Brower, D., & Abt, L. E. "Progress in clinical psychology." New York, Grune & Stratton, 1956. v. II, p. 266-294.

Dr. Seidenfeld reviews the extensive literature on the psychological aspects of physical disability and chronic illness in general, the drawbacks in present rehabilitation services, problems associated with counseling, the use of psychological tests in assessing the disabled, the etiology of psychosomatic disease, and the contribution of research to the knowledge of psychic factors in obesity, cerebral palsy, neuromuscular and orthopedic disorders, visual and auditory defects, and chronic disease. Bibliography of 163 references.

READING

See 38; 138.

REHABILITATION

See 114.

REHABILITATION--GERMANY

See 149.

REHABILITATION--GREAT BRITAIN

115. Great Britain. Ministry of Labour and National Service

Report of the Committee of inquiry on the rehabilitation, training, and resettlement of disabled persons. London, H. M. Stat. Off., 1956. 126 p. tabs. (Cmd. 9883)

Beginning with a very brief history of rehabilitation services in Great Britain, the report then covers available statistics on the size of the problem, the medical contribution to rehabilitation of the disabled, industrial rehabilitation units of the Ministry of Labour, welfare services, appliances and aids and their provision of source of supply, vocational training authorized by legislation, the extent of employment opportunities in ordinary industries, sheltered workshops and homebound schemes. Statutory provisions for the various categories of disability, the governmental authorities responsible for this administration, and the work of voluntary agencies are discussed. The report concludes with a summary and recommendations on the several parts of the Committee's findings. Additional statistical tables appear in the appendixes.

REHABILITATION--GREAT BRITAIN (continued)

The report is critically reviewed in the editorial, "Rehabilitation,"

Brit. Med. J., Nov. 10, 1956. 5001:1105-1107.

Available from British Information Service, 30 Rockefeller Plaza, New York 20, N. Y., at 5s 6d (approx. 99¢).

REHABILITATION--LOUISIANA

116. Louisiana. Governor's Committee for Handicapped Children.

Louisiana Conference on Handicapped Children, ed. by Edward J. Steimel; proceedings of the first Louisiana Conference on Handicapped Children, March, 23-24, 1956... Baton Rouge, Louisiana, sponsored by... in cooperation with the Nemours Foundation.... Baton Rouge, The Committee (1956). 177 p.

Reports the proceedings of a conference of professional workers, technicians, and parents held to report the current status of resources, facilities and services for handicapped children in Louisiana, to determine an adequate program for the care, treatment, education, and training of the handicapped and to recognize special problems relative to Louisiana's existing services. The Proceedings include reports of the activities of the state and private agencies, pertinent speeches by such well-known authorities as Dr. A. R. Shands, Jr., Eugene J. Taylor, and Dr. Harold Westlake, and reports from each of the seven group conference chairmen. Recommendations for meeting special problems and improving services in the state are made.

This is another of the conferences in which the Nemours Foundation of Wilmington, Delaware, cooperated.

See also 124.

REHABILITATION--EQUIPMENT

117. Bennett, Robert L. (Warm Springs Foundation, Warm Springs, Ga.)

Orthotics for function; Part I. Prescription, by Robert L. Bennett.

Part II. Patient training, by Hazel Royall Stephens. Phys. Therapy Rev. Nov., 1956. 36:11:721-745.

The word "orthosis" is defined as a medically prescribed device applied to or around a weakened bodily segment to give support and increased function. Braces, splints, crutches, corsets, feeders, wheel chairs, hoists, reachers, page turners, and the great number of devices to aid the handicapped come within the field of orthotics. This discussion presents the indications and the reasons for use of the more commonly known devices to increase functional capacity of severely involved patients. The physical therapist, responsible for teaching their use, must be familiar with their application and effective use. A short bibliography lists articles where more detailed information is given on the devices.

Part II of this article outlines the responsibilities of the physical therapist in the training of patients in the use of orthotic devices. Steps in planning a training program, preparatory activities to be employed before the orthoses are received, and detailed instructions for use with a variety of devices are included. A short checklist for use in evaluation of the training goals concludes the article.

REHABILITATION--PERSONNEL

118. Martin, Gordon M. (200-1st St., S.W., Rochester, Minn.)

Educational goals in physical medicine and rehabilitation. Arch. Phys. Med. and Rehab. Oct., 1956. 37:10:597-603.

In this presidential address read at the annual session of the American Congress of Physical Medicine and Rehabilitation, September, 1956, Dr. Martin outlines the goals in the education of medical students, formal training of physiatrists, the education of other specialists and practitioners, training of physical therapists and auxiliary personnel, refresher training for specialists, and the production of new books, articles and reference material. Some of the criticisms aimed at educational efforts in this field are listed and ways suggested to correct certain situations and curricula to overcome the criticisms offered.

REHABILITATION--SURVEYS--GEORGIA

119. United Community Services, Savannah. Committee on Services to the Handicapped.

"Learning to live;" a report on problems of persons with handicaps, Savannah and Chatham County, Georgia. Savannah, Ga., The Committee, 1956. 113 p. Mimeo. Paperbound.

Recognizing the need for careful planning in providing adequate services for the handicapped, the Chatham-Savannah area instituted this study to estimate the extent of need for various services, to advise the community on desirable procedures for planning and programming, to determine measures for strengthening existing programs, and to provide for the extension and development of old and new programs. Recommendations are made for planning the next ten years' efforts in behalf of the handicapped and disabled. Statistics on incidence of the various disabilities and personnel needs are given. A section is devoted to defining services necessary to a complete rehabilitation program in the community. Individual agency reports of voluntary, state and local governmental agencies are included. A summary of data collected for a study conducted by Dr. Samuel Wishik, "Handicapped Children in Georgia; A Study of Prevalence, Disability, Needs, and Resources," (See Rehabilitation Literature, Apr., 1956, #405) are contained in the appendix. Dr. Darrell J. Mase and Dr. Harriett E. Gillette served as consultants to the study.

Available from Mr. James R. Lientz, Study Chairman, Committee on Services to the Handicapped, United Community Services of Savannah-Chatham County, 113 East Bay St., Savannah, Ga.

REHABILITATION CENTERS

120. American Congress of Physical Medicine and Rehabilitation

Symposium on rehabilitation centers; presented at the Thirty-third Annual session of the... Detroit, August 31, 1955. Arch. Phys. Med. and Rehab. Oct., 1956. 37:10:627-630.

Partial contents: Components of a rehabilitation center, Henry Redkey. - Responsibilities and functions of physicians in the rehabilitation center, Ralph E. Worden.

Mr. Redkey's article defines the concepts of rehabilitation centers as they are set up under the amendments to the Hospital Construction (Hill-Burton)

REHABILITATION CENTERS (continued)

Act passed in 1954. Under the Act, facilities to be approved must offer an integrated program of comprehensive services, including the four basic ones-- medical, psychological, social, and vocational.

Dr. Worden defines the responsibilities and duties of the physician in rehabilitation services; the necessity for a full or part time medical director in every rehabilitation program, for the purpose of directing medical services, is essential.

121. National Society for Crippled Children and Adults (11 S. LaSalle St., Chicago 3, Ill.)

Proceedings, Second Institute on Rehabilitation Centers. Chicago, The Society, 1956. 29 p. \$1.00.

Offers significant contributions of representatives of rehabilitation centers, voluntary, health, and welfare agencies, the Office of Vocational Rehabilitation, the U. S. Public Health Service, and the School of Social Service Administration of the University of Chicago on the functions of various members of the rehabilitation team in dealing with social and emotional problems, on aspects of prevocational services in rehabilitation centers, on sheltered workshop planning and administration, and Federal legislation affecting rehabilitation planning.

Contents: Current concepts in Easter Seal rehabilitation planning, Dean W. Roberts. -Psychological factors and services in a rehabilitation center, William Gellman. -Social services in a rehabilitation center, Alice James. -Prevocational facility activities, Deane Rinck. -Psychological activities in a pre-vocational unit, William Gellman. -Pre-vocational occupational therapy in a rehabilitation unit, Joan R. Hossack. -The sheltered workshop; sheltered workshop planning, Lee H. Lacey and Robert W. Will. -Federal rehabilitation legislation; provisions, requirements, and procedures, Henry Redkey.

See also 63.

REHABILITATION CENTERS--GREAT BRITAIN

122. A medical rehabilitation centre. Physiotherapy. Nov., 1956. 42:11:302-304.

Originally written as a report on the visit to the Camden Road Centre, London, at the time of the 1955 annual Congress of the Chartered Society of Physiotherapy, this article describes the physical facilities of the center, its objectives in treatment, staff and sources of patients, and methods of treatment employed. This center is believed to be the first one in England providing whole-day treatment through a complete rehabilitation program. It is not connected to any individual hospital and is a part of the National Health Service, under the Paddington Group Hospital Management Committee.

REHABILITATION CENTERS--ADMINISTRATION

123. Dolnick, Michael M. (Room 1030, 11 S. LaSalle St., Chicago 3, Ill.)

Fees for rehabilitation and treatment center services. Phys. Therapy Rev. Nov., 1956. 36:11:745-748. Reprint.

Because of the lack of pertinent data concerning the setting of proper fees for services in the rehabilitation center, Mr. Dolnick, Senior Research Analyst of the National Society for Crippled Children and Adults, conducted a study of the problem in cooperation with the Conference on Rehabilitation Centers. He

REHABILITATION CENTERS--ADMINISTRATION (continued)

presents here statistics drawn from 50 replies to a questionnaire on policies in fee setting, the basis for fees, fees charged by Conference members, variations due to type of agency operating the center. Fees currently in use should not be considered as satisfactory guides to fee setting in the comprehensive rehabilitation center where charges should be based, more realistically, on cost analysis of a wide variety of services. Further research is needed.

SHELTERED WORKSHOPS

See 152.

SOCIAL SERVICE (MEDICAL)

See 25.

SOCIAL WELFARE--PROGRAMS

124. Webb, Clarence H. (1560 Line Ave., Shreveport, La.)

Community planning in preventive care for children. La. Welfare. July, 1956. 16:3:13-17.

Dr. Webb, a pediatrician and Acting Chairman of the Louisiana Youth Commission, presents his views on the need for community planning for the health and welfare of children as a preventive measure in the problem of disability and attendant dependency. He discussed, at a state-wide disability conference, the areas in Louisiana where wider and improved services are needed, various groups working in behalf of children, and what communities can do to promote interest in child health and welfare.

SPECIAL EDUCATION

See 23; 34.1

SPECIAL EDUCATION--PENNSYLVANIA

125. Myer, Lester N. (State Dept. of Public Instruction, Harrisburg, Pa.)

Educational opportunities for the handicapped children of Pennsylvania. Pa. Med. J. Nov., 1956. 59:11:1359-1363.

Special education is defined and the responsibilities of specialists in medicine, dentistry, psychology, social work, and counseling in special education programs discussed briefly. Legal provisions for the mentally and physically handicapped children of Pennsylvania are covered.

SPECIAL EDUCATION--DIRECTORIES

See 150.

SPECIAL EDUCATION--LEGISLATION

126. U. S. Office of Education (Laws and Legislation Branch, The Office, Washington 25, D.C.)

A report on state school law; special education of exceptional children. School Life. Nov., 1956. 39:2:7, 10. Reprint.

A report bringing up to date and expanding information presented in earlier reports by Elise Martens in 1949 and by Arthur S. Hill in 1953. (See Bulletin on Current Literature, Oct., 1949, #675, and Sept., 1953, #817.) Changes

SPECIAL EDUCATION --LEGISLATION (continued)

since 1952 in states' provisions to provide special education in public schools are noted. Authorization of comprehensive programs for physically and mentally handicapped children and the financial assistance for such programs have been achieved in a majority of states. A state-by-state tabulation is included to show the variety of services now provided for special education programs in public schools.

SPECIAL EDUCATION--PERSONNEL

See 101.

SPEECH CORRECTION

127. Plummer, Robert N. (215 Medical Arts Bldg., Phoenix, Ariz.)

Complex dyslalia. Ariz. Med. June, 1956. 13:6:222-225. Reprint.

A discussion of the nature of complex dyslalia, a severe articulatory failure which has accounted for 39.5 per cent of the speech defectives seen in the writer's office during the past 15 years. Some of the theories on the etiology of the disorder are discussed; a study of case histories by the author has led the writer to suspect that speech failure in dyslalia lies on a directional or cortical level. Type of therapy and the usual length of treatment are discussed. It has been Dr. Plummer's experience that most cases of complex dyslalia have a history of delayed speech; he urges early treatment for children who have not developed speech by the age of 3, as a means of preventing a major speech problem.

See also 151.

STUTTERING

128. Goodstein, Leonard D. (Dept. of Psychology, State Univ. of Iowa, Iowa City, Iowa)

MMPI differences between parents of stuttering and nonstuttering children, by Leonard D. Goodstein and W. Grant Dahlstrom. J. Consulting Psych. Oct., 1956. 20:5:365-370.

In an investigation of the relative psychological adjustment and personality characteristics of parents of stuttering children and those of non-stutterers, four groups of 100 Minnesota Multiphasic Personality Inventory profiles were compared. Results indicated that the performance of experimental and control parents did not differ significantly; the performance of both groups did not differ significantly from the expected performance of psychiatrically normal individuals. The authors found no evidence that the etiology of stuttering is rooted in gross psychological pathology of stutterers' parents. Such attitudes and adjustments of the parents as may be involved in the etiology of stuttering, they believe, are probably limited and specific to the speech situation.

TUBERCULOSIS

129. American Trudeau Society (1790 Broadway, New York 19, N. Y.)

Acceptable standards in the treatment of tuberculosis. Tuberculosis Abstracts. Nov., 1956. 29:11:(1-2).

A joint statement of the Committees on Therapy and on Administrative Problems of the Society, the medical section of the National Tuberculosis

TUBERCULOSIS (continued)

Association. In the differences of opinion concerning home or hospital care for tuberculosis, certain concepts have tended to become obscured. This statement is an attempt to clarify the nature of the disease and standards to be met in providing medical care, adjunct services, follow-up, and patient education in order to achieve the best results of treatment.

130. Lamberta, Frank (89-21 153rd St., Jamaica 2, Queens, N. Y.)

Evaluation of rehabilitation in tuberculosis. Rehab. Rev., Bul. Am. Rehab. Committee. Sept., 1956. 5:2:(1-3).

A review of the present status of rehabilitation programs in the treatment of tuberculosis. Trends in treatment point to a reduction of over-all duration of treatment, less need for rehabilitation services and the workshop phase of convalescence, a greater return of patients to their former employment, and a return to work, in many instances, within three to six months after limited resection of the lung or stabilization of the disease. In some cases treatment has been on an ambulatory basis while the patient continued employment.

TUBERCULOSIS--SPECIAL EDUCATION

See 69; 138.

U. S. CHILDREN'S BUREAU

131. U. S. Children's Bureau

Four decades of action for children; a short history of the Children's Bureau, by Dorothy E. Bradbury. Washington, D. C., Gov't Print. Off., 1956. 90 p. (Children's Bur. publ. no. 358)

In this pamphlet on the history of the Children's Bureau, the writer traces its growth from a mere idea in 1903, to its founding in 1912 and its work and accomplishments to the present time. Under its 1912 mandate it was to "investigate and report upon all matters pertaining to the welfare of children and child life among all classes to our people." Now its responsibilities include assistance to States in expanding and improving child welfare services, maternal and child health and crippled children services, and cooperation in international technical assistance programs for children. A companion pamphlet "Your Children's Bureau" (previously listed in Rehabilitation Literature, Aug., 1956, #1018) describes the present organization, programs, and cooperation with other government and lay agencies, especially for the benefit of "disadvantaged" children.

Single copies of "Four Decades of Action for Children" are available at 35¢, "Your Children's Bureau," at 20¢ a copy, from U. S. Superintendent of Documents, Washington 25, D. C.

UROLOGY

See 99.

VETERANS

132. Social Legislation Information Service. Nov. 1, 1956. 76:474-488.
(1346 Connecticut Ave., N.W., Washington 6, D.C.) 25¢.

Subject of issue: Federal benefits available to veterans and their dependents.

Intended as a ready reference for organizations serving veterans, it brings up to date the many changes in veterans' benefits which were approved during 1956. Brief information is given on the basis of eligibility and nature of benefits, as well as the administration responsible for handling particular types of benefits. Covered are compensations for disability, life insurance, education, training, and vocational rehabilitation, pensions, loans, housing, automobiles, hospitalization, domiciliary care, outpatient care, prosthetic appliances, civil service preference, and the host of other benefits provided by the Federal government.

For more detailed information, refer to the 1957 edition of the Handbook on Federal Benefits for Veterans, 80 p., available from U.S. Superintendent of Documents, Washington 25, D.C. at \$1.50 a copy.

133. U. S. President's Commission on Veterans' Pensions

A report on veterans' benefits in the United States: Staff report XII. Discharge requirements for veterans benefits. Washington, D.C., Gov't. Print. Off., 1956. 31 p. tabs. (House Committee print no. 292, 84th Congress, 2d Session. September 12, 1956)

The twelfth and last of the staff reports on veterans' benefits in the United States, released merely as working papers. Mostly technical in nature, they are issued to make generally available the factual information gathered by the President's Commission. Many of the data are obtained from special surveys and have not heretofore been available. A summation of the factual information and recommendations of the Commission are contained in "Veterans' Benefits in the United States: Findings and Recommendations..." (House Comm. print. no. 236, Apr., 1956). (See #134)

This twelfth report traces the historical development of discharge requirements prior to 1944 and how they affected the various benefits to which veterans were entitled, the changes brought about by the Servicemen's Readjustment Act of 1944, Veterans Administration regulations, Department of Defense directives, service laws, regulations and practices affecting benefits, and recommendations of interested agencies.

Available from Superintendent of Documents, U. S. Government Printing Office, Washington 25, D.C., at 15¢ a copy.

134. U. S. President's Commission on Veterans' Pensions

Veterans' benefits in the United States, a report to the President by the ... Parts I and II: Findings and recommendations. Washington, D.C., Gov't. Print. Off., 1956. 415 p. tabs., charts. (House Committee print no. 236, 84th Congress, 2d Session. April 23, 1956)

Presents the findings and recommendations of the President's Commission concerning existing veterans' benefit programs and their administration. Conclusions are based on factual data collected in a number of extensive surveys and special studies covering the economic and social condition of veterans, their special problems, and the effectiveness of present benefit programs.

VETERANS (continued)

These data are available in the 12 "working papers" on veterans benefits. (See #133 and 135)

The Findings and Recommendations cover the historical background of veterans' programs, basic factors influencing special programs, guiding principles in setting up benefits, major programs, past and present benefits, social and economic status of veterans, costs of veterans programs, and detailed discussions of the many benefit programs. Recommendations for changes are interspersed with the discussion, in their appropriate subject area.

Available from Superintendent of Documents, U.S. Govt. Printing Office, Washington 25, D.C., at \$1.25 a copy.

VETERANS (DISABLED)

135. U. S. President's Commission on Veterans' Pensions

A report on veterans' benefits in the United States: Staff report VIII. Washington, D.C., Gov't. Print. Off., 1956. 3 pts.

Contents: Part A. Compensation for service-connected disabilities... (House Committee print no. 281, 84th Congress, 2d Session, August 3, 1956)-Part B. The Veterans' Administration disability rating schedule; historical development and medical appraisal (House Committee print no. 275, 84th Congress, 2d Session. July 18, 1956)-Part C. Survey of disabled veterans; analysis of statistical data on incomes, employment, and other characteristics (House Committee print no. 286, 84th Congress, 2d Session, Aug. 10, 1956)

The three parts of this staff report of the President's Commission cover: A) Information on service-connected disability benefits for veterans and ex-servicemen from a number of viewpoints. The framework of the laws and benefits are discussed as they were in effect June, 1956. Benefits under regular career services, data on servicemen retired or discharged because of physical disability, mortality rates (an actuarial study), and comparison of veterans' benefit programs with other Federal and State compensation and benefit programs are discussed. The final chapter in Section A covers a review of the problem of rehabilitating disabled veterans and explains the relationship between vocational rehabilitation programs of the Armed Forces, Veterans' Administration, and State-Federal administration. Part B is an analysis of the background, philosophy, scope, and structure of the Veterans' Administration Disability Rating Schedule. Information has significance for both the pension and compensation programs. Part C is a statistical analysis of service-connected benefits for both veterans and military personnel; the second part of the report deals with historical and medical aspects of the Disability Rating Schedule.

Available from Superintendent of Documents, U.S. Gov't Printing Office, Washington 25, D.C., at \$1.00 for Part A, 70¢ for Part B, and \$2.00 for Part C.

VETERANS (DISABLED)--PROGRAMS

136. Addams, Ruth (U. S. Veterans Administration, Washington 25, D.C.)

The care of long term illness patients on intermediate bed services. Military Med. Nov., 1956. 119:5:299-302.

VETERANS (DISABLED)--PROGRAMS (continued)

The role of the nurse in the care and rehabilitation of long term illness patients is defined; the goals of such treatment are recognized as encompassing not only medical care but attention to the mental, social, and vocational needs of patients.

137. Knudson, Alvin B. C. (5907 Amherst Ave., Springfield, Va.)

Rehabilitation of the chronically ill in the Veterans Administration. J. Am. Med. Assn. Nov. 10, 1956. 162:11:1035-1036. Reprint.

Due to the increase in patients at Veterans Administration facilities who require long-term care, a program of a preventive type of care, providing intensified physical medicine and rehabilitation measures, has been employed to return as many as possible to their homes and to partial or full-time employment. Volunteers from the community have been utilized extensively to work with the hospital staff on reducing the veteran's problems on his return home.

VETERANS (DISABLED)--SPECIAL EDUCATION

138. Brundidge, Arthur D. (V.A. Hosp., Castle Point, N.Y.)

A remedial reading program in educational therapy. School and Society. Nov. 10, 1956. 84:2098:164-166.

From his experience with educational therapy in a Veterans Administration Hospital for tuberculous patients, the writer believes a remedial reading program is particularly useful in the early stages of educational therapy treatment before vocational aims have been defined. He describes the survey of the patient population, how patients were classified for various levels of instruction, and the necessity for keeping group classifications flexible. Tests used in screening patients for remedial reading needs are discussed.

VOCATIONAL EDUCATION

139. Burt, Jan

Vocational therapy. Med. World. Oct., 1956. 85:4:345-347.

The Preparatory Training Bureau of the British Council for Rehabilitation arranges for correspondence courses or personal tutoring of long-term patients at home or in the hospital. The Bureau was established in an effort to combat the effects of long-enforced idleness of the hospitalized physically handicapped person. The administration of the program is described and some of the results of its work are cited.

140. The Training School, Vineland, N.J.

The vocational training program. Training School Bul. Nov., 1956. 53:7:200-207.

Objectives and organization of the vocational training program at Vineland Training School, a residential school for the mentally retarded, are described. A system of classification for students participating insures diagnosis, prognosis, and trial of their capabilities. Motivation is important to the success or failure of the program which gives students an opportunity to develop to their maximum potential, to develop a trade or gain experience in work which

VOCATIONAL EDUCATION (continued)

might be helpful in later life, and to experience a feeling of security and belonging. The Training School offers 14 principal areas of vocational training and students are assigned to one of five major classifications according to their ability to perform.

VOCATIONAL GUIDANCE

See 152.

WALKING

141. Hickok, Robert J. (4443 W. Pine St., St. Louis 8, Mo.)

Functional method of pre-crutch exercise, by Robert J. Hickok and Edgar Schiller. Phys. Therapy Rev. Nov., 1956. 36:11:748-752.

Describes a functional method of administering pre-crutch walking progressive resistive exercises, used primarily as an adjunct to existing routines. It has been found successful in preparing a limited number of patients for crutch walking. Equipment used in the method to strengthen shoulder girdle muscles, arms and trunk, consists of a weight vest and adjustable chair for push-ups from a sitting position in the chair. Illustrated.

See also 68.

WALKING--EQUIPMENT

142. Hendry, Neil G. C. (Aberdeen Royal Infirmary, Aberdeen, Scotland)

A compact and easily controlled new walking-aid. Lancet. Oct. 20, 1956. 271:6947:822-823. Reprint.

Describes a light weight, compact walking aid originally designed for his own use by an elderly patient with advanced osteoarthritis of both hips and constructed for him by Fordham Pressings, Ltd., Melbourne Works, Dudley Road, Wolverhampton, England. Various improvements in lightness and stability have been effected and the walker is now produced under a provisional patent. Easily stored and transported, the walker owes its manageability to a simple system of braking provided by a friction pad which can be brought to bear upon the front wheel and is controlled by a twist-grip control forming the handle on the right. Total weight is less than 14 pounds. It has been used successfully with a fairly wide variety of patients including a 12-year-old cerebral palsied child and an 84-year-old woman with severe post-rheumatoid changes in the hands and in both hip joints. (See #19)

New Books Briefly Noted

ARTHRITIS--BIOGRAPHY

143. Howard, Mary

Coming to terms with rheumatoid arthritis. London, Faber & Faber, 1956. 87 p.

An English schoolteacher retired, after World War II, to a "smallholding" in the country but soon discovered that rheumatoid arthritis was incapacitating her for such an active life. She describes the course of her illness, the various

ARTHRITIS--BIOGRAPHY (continued)

forms of treatment by which she tried to overcome the pain and crippling, and finally, of her acceptance of her limitations. She offers much commonsense advice on living with the disability, as well as a diet sheet given her by a stranger on a train. To her surprise, she discovered that diet could influence and help to control the arthritic process. Included in the appendix are some of the recipes which she uses in her diet; they follow the lines of English cookery.

Published by Faber and Faber, Ltd., 24 Russell Sq., London W.C. 1, England, at 7s 6d (approx. \$1.35) a copy.

BRAILLE

144. Wise, Janet (150 E. 39th St., New York 16, N.Y.)

Dot writing; a manual of standard English braille, Grade Two. New York, The Author, c1956. 139 p. (rev. ed.) Mimeo. Looseleaf. \$1.75.

A textbook for the student learning to transcribe braille; a thorough knowledge of the rules applying to braille transcribing is provided through clear-cut explanations and examples of their use. Much practice material is provided and instructions for the use of the braille slate are included. Directions are given as well for the standard form for hand-transcribed braille books. The book has been used so successfully by teachers throughout the country that the first edition, published in 1955 has been exhausted. Constructive suggestions received from students and teachers are embodied in the revised edition.

CHILD HEALTH

145. Karelitz, Samuel

When your child is ill. New York, Simon & Schuster, c1957. 485 p. \$4.95.

The author, a pediatrician, is only too familiar with the need of anxious parents for more detailed, exact medical information concerning children's illnesses. He provides in this manual authoritative findings on 81 infectious diseases of childhood, on rheumatic fever, infantile paralysis, allergies, viruses, fever, the wonder drugs, immunization, and hygiene, all arranged in encyclopedic form with subheadings covering symptoms, methods of treatment, and the important aspects of prevention. A question-and-answer section in each chapter provides in brief form the answers to over 1,000 queries. A glossary of terms and an extensive index add greatly to the usefulness of the book.

MEDICAL SERVICE--PROGRAMS

146. Hospital Council of Greater New York

Organized home medical care in New York City; a study of nineteen programs. Cambridge, Mass., Commonwealth Fund (Harvard Univ. Pr.), 1956. 538 p. tabs. maps. \$8.00.

An evaluation of 19 organized plans existing in New York City for the comprehensive medical care of long-term patients in the home; 16 are operated by municipal hospitals and the other three by Montefiore Hospital, New York Hospital-Cornell Medical Center, and the New York City Department of

MEDICAL SERVICE--PROGRAMS (continued)

Welfare. This report is of great value in that it studies the programs not only from the standpoint of those providing services but also from that of the patient and his family. Discussed are the kinds of patients served, their diagnoses and length of care under the programs, types of services rendered, and comments of patients and their families. Programs are compared and problems of personnel, administration, relation of home care to hospital care, and costs involved are considered in detail. A chapter of recommendations for the adequate operation of individual home care programs and for city-wide planning to meet the needs of New York City is included. Much statistical data from the study and a discussion of the technical aspects of obtaining and analyzing the interview are given in the appendixes. Contains an extensive bibliography and an index, adding to the usefulness of the book.

MENTAL DEFECTIVES--PROGRAMS

147. Woods Schools, Langhorne, Pa.

Services for exceptional children; proceedings of the 1956 Spring Conference of the... held in Indianapolis, May 11 and 12. Langhorne, Pa., The Schools, 1956. 132 p.

Contents: How Indiana is moving forward in the mental health field, Margaret E. Morgan. -Services for exceptional children, Lloyd Dunn. -Community services for the retarded child, Alfred Kamm. -Residential school services for the exceptional child, J. Cotter Hirschberg. -Panel discussions: The organization and development of research programs in the field of exceptionality, C. Keith Hepburn, chairman. The organization and development of research in mental retardation, Leonard J. Duhl. -The community recognition of mental retardation, Joseph J. Downing. -Research design in mental deficiency, James J. Gallagher.

MENTAL DEFECTIVES--SPECIAL EDUCATION

148. Pollock, Morris P.

New hope for the retarded; enriching the lives of exceptional children, by Morris P. and Miriam Pollock. Boston, Porter Sargent, Publ. (1956). 176 p. illus. \$2.75, paperbound.

A re-issue of a popular text in the field of special education, the book was originally annotated in Bulletin on Current Literature, Oct., 1953, #921. There have been no changes or revisions since the book was first published in 1953.

REHABILITATION--GERMANY

149. Deutschen Vereinigung zur Bekämpfung des Kruppeltums e.V.

Jahrbuch der forsjorge für körperbehinderte, 1956; fortsetzung der von Prof. Dr. Biesalski im jahre 1907 gegründeten "Zeitschrift für kuppel-forsorge"... Heidelberg-Schlierbach, Germany (The Organization) 1956. 226 p.

Contains the proceedings of the 1955 annual meeting of the German Society for the Welfare of Cripples and covers the various aspects of rehabilitation in Germany. Text is in German.

Distributed by Georg Thieme Verlag, Stuttgart-N, Herdweg 63, Germany.

SPECIAL EDUCATION--DIRECTORIES

150. National Catholic Educational Association (1785 Massachusetts Ave., N.W., Washington 6, D.C.)

Directory of Catholic facilities for exceptional children in the United States. 2d ed. Washington, D.C., The Assn., c1956. 136 p. \$1.75.

A revised listing of Catholic day and residential schools for the blind, cerebral palsied, deaf, mentally retarded, multiply handicapped, emotionally disturbed, and socially maladjusted. In addition information on Catholic guidance clinics and centers, cerebral palsy, speech and remedial clinics, organizations working for the handicapped, homebound services, hospitals and hospital schools for crippled children, sight-saving classes, camps, rehabilitation centers, vocational high schools, and personnel working in the field is given. A subject index adds to the usefulness of the directory.

SPEECH CORRECTION

151. Schreiber, Flora Rheta

Your child's speech; a practical guide for parents for the first five years. New York, G.P. Putnam's Sons, c1956. 256 p. \$3.50.

Written in layman's language, this guide to the development of speech from birth through the fifth year will give parents the answers to many questions arising from speech problems during early childhood. The author, a college speech teacher, describes what may be expected in the way of normal speech development each year and explains how parents may speed and direct that development toward the goal of good speech and the prevention of speech defects. Included as well are chapters on the child who develops slowly, the child with a speech defect, and the gifted child. Speech problems caused by physical handicaps, mental or emotional complications, or chronic illness are discussed. Terms used to identify articulation faults are defined and the causes for stuttering are mentioned briefly.

VOCATIONAL GUIDANCE

152. Highland View Cuyahoga County Hospital, Cleveland. Department of Physical Medicine and Rehabilitation, (Harvard Rd., Cleveland 22, O.)

An investigation into the vocational potentials of hospitalized patients with chronic disabilities; first semi-annual progress report. Cleveland, The Hospital, 1956. 143 p. tabs., diag., forms. (Off. of Voc. Rehab.... Special project grant 21-56) Mimeo.

A progress report of a sheltered workshop research project being carried on at Highland View Hospital and dealing with patients in a chronic illness hospital whose physical performance was not at a sufficiently high level for referral to the Bureau of Vocational Rehabilitation. Objectives of the project were to set up a pilot program within the hospital for the evaluation of aptitudes, interests, and job potentials of patients, for the correlation of production indexes of job and business opportunities in a metropolitan area with specific handicaps of disability, and for the investigation of work activities which might affect the transition of patients from the hospital to private industry or sheltered workshops. Included in this first progress

VOCATIONAL GUIDANCE (continued)

report are papers submitted by various members of the research team. They are: (Summary), Mieczyslaw Peszczynski. -First semi-annual administrative report, Satoru Izutsu. -Occupational therapy in vocational rehabilitation, Satoru Izutsu. -Admission procedures for vocational appraisals in a sheltered shop of a chronic disease hospital, Charles W. Thomas. -Predictions of sheltered shop performance of the severely handicapped; a preliminary report, Eugene B. Nadler. -Methods of vocational evaluation; a preliminary report, Satoru Izutsu and Charles W. Thomas. -Counseling, training, and placement studies in a sheltered research shop for the severely disabled; a six months' survey, Herbert S. Rabinowitz. -Impressions of shop atmosphere and organization, Eugene B. Nadler. -Reliability of supervisor judgments of sheltered research shop patients, Eugene B. Nadler. -The hospital workshop and industries program, Mieczyslaw Peszczynski and Richard J. McCauley.



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